

INSTRUCTION:

- Supplier shall complete sections 1 through 28 and sign the SUPPLIER STATEMENT at the end of section 28.
- For section 4 *TYPE OF BUSINESS*, supplier shall select all capabilities the manufacturing facility is capable of supporting. NOTE that supplier is not authorized to subcontract the entire work to a third party
- When a section is not applicable, be sure to specify n/a
- For section 27 *SUPPLIER CAPABILITIES FOR IN-HOUSE PROCESSES*, do list process that are in-house and not outsourced
- For section 28 *QUALITY SYSTEMS*, do provide the standard you are accredited and the expiration date
- After AV reviews the information you provided, you will be advised if your capabilities and quality information is sufficient.
- If deemed sufficient, a supply chain team member will contact you to negotiate the terms of sale and terms of credit. In addition you will be required to complete a financial profile (for payment purposes), W-9 and business classification form (for Gov't reporting).

1. SUPPLIER LEGAL NAME: Doing Business As (DBA)																								
2. MANUFACTURING FACILITY ADDRESS Street , City, State, Zipcode																								
3. TYPE OF BUSINESS (CORE COMPETENCE)																								
<input type="checkbox"/> Box Build <input type="checkbox"/> Calibration <input type="checkbox"/> Composite/Layup CNC <input type="checkbox"/> metal <input type="checkbox"/> plastic <input type="checkbox"/> machining <input type="checkbox"/> Sheet metal <input type="checkbox"/> micro precision <input type="checkbox"/> other Contract Manufacturing <input type="checkbox"/> box build <input type="checkbox"/> PCBA <input type="checkbox"/> cable/wire harness <input type="checkbox"/> other Electronic (passive/active) & Electro-mechanical supplier: <input type="checkbox"/> Authorized distributor <input type="checkbox"/> Manufacturer (OEM) <input type="checkbox"/> Independent distributor <input type="checkbox"/> other Electronic Circuitry: <input type="checkbox"/> Quick Turn <input type="checkbox"/> Production <input type="checkbox"/> Flex <input type="checkbox"/> Rigi-flex <input type="checkbox"/> Rigid/PCB <input type="checkbox"/> other			Plastic process: <input type="checkbox"/> Blow compression <input type="checkbox"/> Injection molding <input type="checkbox"/> Compression Molding <input type="checkbox"/> Rotational Molding <input type="checkbox"/> Extrusion <input type="checkbox"/> Thermoforming <input type="checkbox"/> other Plating Process: <div style="border: 1px solid black; padding: 5px;"> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Anodizing</td> <td><input type="checkbox"/> Nickel plating</td> </tr> <tr> <td><input type="checkbox"/> Alloy plating</td> <td><input type="checkbox"/> Rhodium plating</td> </tr> <tr> <td><input type="checkbox"/> Cadmium plating</td> <td><input type="checkbox"/> Silver plating</td> </tr> <tr> <td><input type="checkbox"/> Chrome plating</td> <td><input type="checkbox"/> sputter deposition</td> </tr> <tr> <td><input type="checkbox"/> Composite plating</td> <td><input type="checkbox"/> Tin plating</td> </tr> <tr> <td><input type="checkbox"/> Electroless nickel plating</td> <td><input type="checkbox"/> Vacuum deposition</td> </tr> <tr> <td><input type="checkbox"/> Electroplating</td> <td><input type="checkbox"/> vapor deposition</td> </tr> <tr> <td><input type="checkbox"/> Electroless plating</td> <td><input type="checkbox"/> Zinc-Nickel plating</td> </tr> <tr> <td><input type="checkbox"/> Gold plating</td> <td><input type="checkbox"/> Zinc plating</td> </tr> <tr> <td><input type="checkbox"/> Metallizing</td> <td></td> </tr> </table> </div> <input type="checkbox"/> Value-Add <input type="checkbox"/> Other		<input type="checkbox"/> Anodizing	<input type="checkbox"/> Nickel plating	<input type="checkbox"/> Alloy plating	<input type="checkbox"/> Rhodium plating	<input type="checkbox"/> Cadmium plating	<input type="checkbox"/> Silver plating	<input type="checkbox"/> Chrome plating	<input type="checkbox"/> sputter deposition	<input type="checkbox"/> Composite plating	<input type="checkbox"/> Tin plating	<input type="checkbox"/> Electroless nickel plating	<input type="checkbox"/> Vacuum deposition	<input type="checkbox"/> Electroplating	<input type="checkbox"/> vapor deposition	<input type="checkbox"/> Electroless plating	<input type="checkbox"/> Zinc-Nickel plating	<input type="checkbox"/> Gold plating	<input type="checkbox"/> Zinc plating	<input type="checkbox"/> Metallizing	
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1. Phone # 2. Fax # 3. Company URL:		4. Dunn &Bradstreet (D&B#)	5. Cage code	6. ITAR REGISTERED (Y/N)	7. NAICS Classification http://www.census.gov/eos/www/naics																			
8. Quality Management Contact (Name & Title)																								
9. Product Line (Describe Services or Products)																								

10. Years in Business	11. Organization: <input type="checkbox"/> Publicly traded <input type="checkbox"/> Privately held	14. Union <input type="checkbox"/> Yes <input type="checkbox"/> No	15. % of Work Sub-Contracted (specify type, i.e. cable assy)
16. Hours of Operation	17. # of shifts 18. # of employee/shift	19. Own Building (yes/no) Lease building (If leased end term)	
20. Sq Ft Mfg	21. Sq Ft Whse	22. Sq Ft Total	
23. Total Number of Employees	24. Number of Engineers	25. Number of Production Personnel	26. Number of Quality Personnel
27. SUPPLIER CAPABILITIES FOR IN-HOUSE PROCESSES (e.g. machine shop has in house paint or plating capability or pcba contract mfr has environmental test or conformal coat capability inhouse)			
28. QUALITY SYSTEMS			
List AND attach any Standards or regulatory agencies to which your company is either registered or compliant.			
STANDARD (AS9100. ISO9001)	EXPIRATION DATE (mmddyy)	STANDARD (AS9100. ISO9001)	EXPIRATION DATE (mmddyy)
<input type="checkbox"/> AS		<input type="checkbox"/>	
<input type="checkbox"/> CSA		<input type="checkbox"/>	
<input type="checkbox"/> ISO		<input type="checkbox"/>	
<input type="checkbox"/> MIL STD		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

SUPPLIER STATEMENT

I hereby certify that the information provided has been completed in accordance with our established Quality Assurance Manual and with professional ethics.

Signature: _____ Date: _____

Print Name: _____ Title: _____

ATTN : PURCHASING/SUBCONTRACTS – FOR AV OFFICE USE ONLY	
<p>29. AV supplier category:</p> <p><input type="checkbox"/> Custom (manufactures to AV spec): <input type="checkbox"/> work transfer <input type="checkbox"/>shop offload</p> <p><input type="checkbox"/> Original Equipment Manufacturer (OEM) <input type="checkbox"/> Service: <input type="checkbox"/> other</p> <p><input type="checkbox"/> Distributor: <input type="checkbox"/> Franchised/authorized <input type="checkbox"/> independent</p> <p>Additional Comments:</p>	<p>30. current/future purchase is for:</p> <p><input type="checkbox"/> Inventory: <input type="checkbox"/> Commercial resale <input type="checkbox"/> Govt resale</p> <p><input type="checkbox"/> R&D: <input type="checkbox"/> AV use <input type="checkbox"/> Govt use/resale</p>

31. D&B review (mm/dd/yy): <input type="checkbox"/> excellent <input type="checkbox"/> acceptable <input type="checkbox"/> high risk	32. Purchasing Recommendation: (provide narrative and date) <input type="checkbox"/> Approved On Site Audit Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conditional until <input type="checkbox"/> Disapproved Narrative: _____ _____	33. Visual Compliance (mm/dd/yy) <input type="checkbox"/> NO MATCHING RECORD FOUND (continue with set-up) <input type="checkbox"/> RECORD MATCH (record match requires approval from Export Compliance Mgr)
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34. Surveyed /Reviewed By: NAME/TITLE/SIGNATURE	35. Date (mm/dd/yy)
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ATTN : Quality Assurance Manager – FOR AV OFFICE USE ONLY

36. QA Recommendation: (provide narrative and date) Initial survey <input type="checkbox"/> Approved <input type="checkbox"/> Conditional until On Site Audit Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disapproved Narrative: _____ _____	37. Follow up Audit: (mm/dd/yy) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Audit type</th> <th style="width:30%;">Initial date</th> <th style="width:40%;">Update date</th> </tr> </thead> <tbody> <tr> <td>System</td> <td></td> <td></td> </tr> <tr> <td>Process</td> <td></td> <td></td> </tr> <tr> <td>Product</td> <td></td> <td></td> </tr> <tr> <td>other</td> <td></td> <td></td> </tr> </tbody> </table>	Audit type	Initial date	Update date	System			Process			Product			other		
Audit type	Initial date	Update date														
System																
Process																
Product																
other																

38. Surveyed /Reviewed By: NAME/TITLE/SIGNATURE	39. Date (mm/dd/yy)
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