

INSTRUCTIONS:

- 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, Zip code)												
3. TYPE OF BUSINESS (CORE COMPETENCE)												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <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 </td> <td style="width: 50%; vertical-align: top; border: none;"> 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 </td> </tr> <tr> <td style="vertical-align: top; border: none;"> Contract Manufacturing: <input type="checkbox"/> Box Build <input type="checkbox"/> PCBA <input type="checkbox"/> Cable/Wire Harness <input type="checkbox"/> Other </td> <td style="vertical-align: top; border: none;"> Plating Process: <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 </td> </tr> <tr> <td style="vertical-align: top; border: none;"> 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 </td> <td style="vertical-align: top; border: none;"> <input type="checkbox"/> Value-Add <input type="checkbox"/> Other </td> </tr> <tr> <td style="vertical-align: top; border: none;"> 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 </td> <td></td> </tr> </table>					<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	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	Contract Manufacturing: <input type="checkbox"/> Box Build <input type="checkbox"/> PCBA <input type="checkbox"/> Cable/Wire Harness <input type="checkbox"/> Other	Plating Process: <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	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	<input type="checkbox"/> Value-Add <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	
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1. Phone #	4. Dunn &Bradstreet (D&B#)	5. Cage Code	6. ITAR REGISTERED	7. NAICS Classification http://www.census.gov/eos/www/naics								
2. Fax #												
3. Company URL:												
8. Product Line (Describe Services or Products)												
9. Years in Business	10. Organization: <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Privately Held	14. Union	15. % of Work Sub-Contracted (specify type, i.e. cable assy)									

16. Hours of Operation	17. # of shifts: 18. # of employee/shift:	19. Own or Lease Building: (if yes, state 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 in-house)			
28. QUALITY SYSTEMS List AND attach any Standards or regulatory agencies to which your company is either registered or compliant.			
Quality Management Contact:			
Name:		Email:	
Title:		Phone:	
	STANDARD (AS9100, ISO9001, ISO13485, Etc.) <input type="checkbox"/> AS 9100 <input type="checkbox"/> ISO 9001 <input type="checkbox"/> Other:	EXPIRATION DATE (mmddyyyy)	

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	
29. AV Supplier Category: <input type="checkbox"/> Custom (manufactures to AV spec): <input type="checkbox"/> work transfer <input type="checkbox"/> shop offload <input type="checkbox"/> Original Equipment Manufacturer (OEM) <input type="checkbox"/> Service: <input type="checkbox"/> Other: <input type="checkbox"/> Distributor: <input type="checkbox"/> Franchised/authorized <input type="checkbox"/> Independent Additional Comments:	30. Current/Future Purchase is for: <input type="checkbox"/> Inventory: <input type="checkbox"/> Commercial resale <input type="checkbox"/> Govt resale <input type="checkbox"/> R&D: <input type="checkbox"/> AV use <input type="checkbox"/> Govt use/resale

<p>31. Visual Compliance</p> <p><input type="checkbox"/> NO MATCHING RECORD FOUND (continue with setup)</p> <p><input type="checkbox"/> RECORD MATCH (record match requires approval from Export Compliance Mgr)</p>	<p>32. Finance Recommendation: (provide justification and date)</p> <p>D&B review (mm/dd/yyyy):</p> <p><input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> High Risk</p> <p>Justification:</p>	<p>33. Purchasing Recommendation: (provide justification and date)</p> <p><input type="checkbox"/> Approved On Site Audit Required <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Conditional Until <input type="checkbox"/> Disapproved</p> <p>Justification:</p> <p>Reviewed By: Title: Signature: Date:</p>
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ATTN : SUPPLIER QUALITY – FOR AV OFFICE USE ONLY

34. QA Recommendation: (provide narrative and date)

Initial survey

Approved
 Conditional Until
 On Site Audit Required Yes No
 If yes, list audit type.

Disapproved

Justification:

Reviewed By:
Title:
Signature:
Date: