

**INSTRUCTIONS:**

1. Supplier shall complete sections 1 through 28 and sign the SUPPLIER STATEMENT at the end of section 28.
2. 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.
3. When a section is not applicable, be sure to specify n/a.
4. For section 27 *SUPPLIER CAPABILITIES FOR IN-HOUSE PROCESSES*, do list processes that are in-house and not outsourced.
5. For section 28 *QUALITY SYSTEMS*, do provide the standard you are accredited and the expiration date.
6. After AV reviews the information you provided, you will be advised if your capabilities and quality information is sufficient.
7. 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).

<b>1. SUPPLIER LEGAL NAME:</b>				
Doing Business As (DBA):				
<b>2. MANUFACTURING FACILITY ADDRESS:</b> (Street , City, State, Zip code)				
<b>3. TYPE OF BUSINESS (CORE COMPETENCE)</b>				
<input type="checkbox"/> Box Build <input type="checkbox"/> Calibration <input type="checkbox"/> Composite/Layup  <b>CNC:</b> <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		<b>Plastic Process:</b> <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		
<b>Contract Manufacturing:</b> <input type="checkbox"/> Box Build <input type="checkbox"/> PCBA <input type="checkbox"/> Cable/Wire Harness <input type="checkbox"/> Other		<b>Plating Process:</b> <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"/> Zinc-Nickel Plating <input type="checkbox"/> Electroless Plating <input type="checkbox"/> Zinc Plating <input type="checkbox"/> Gold Plating <input type="checkbox"/> Metallizing  <input type="checkbox"/> Value-Add  <input type="checkbox"/> Other		
<b>Electronic (passive/active) &amp; Electro-Mechanical Supplier:</b> <input type="checkbox"/> Authorized Distributor <input type="checkbox"/> Manufacturer (OEM) <input type="checkbox"/> Independent Distributor <input type="checkbox"/> Other				
<b>Electronic Circuitry:</b> <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				
<b>4.</b> Phone #	<b>7.</b> Dunn &Bradstreet (D&B#)	<b>8.</b> Cage Code	<b>9.</b> ITAR REGISTERED	<b>10.</b> NAICS Classification <a href="http://www.census.gov/eos/www/naics">http://www.census.gov/eos/www/naics</a>
<b>5.</b> Fax #				
<b>6.</b> Company URL:				
<b>11.</b> Product Line (Describe Services or Products )				
<b>12.</b> Years in Business	<b>13.</b> Organization: <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Privately Held	<b>14.</b> Union	<b>15.</b> % of Work Sub-Contracted (specify type, i.e. cable assy)	
<b>16.</b> Hours of Operation	<b>17.</b> # of shifts: <b>18.</b> # of employee/shift:	<b>19.</b> Own or Lease Building: (if leased, state end term)		
<b>20.</b> Sq Ft Mfg:	<b>21.</b> Sq Ft Whse:	<b>22.</b> Sq Ft Total:		
<b>23.</b> Total Number of Employees:	<b>24.</b> Number of Engineers:	<b>25.</b> Number of Production Personnel:	<b>26.</b> Number of Quality Personnel:	

<b>27. SUPPLIER CAPABILITIES FOR <u>IN-HOUSE</u> PROCESSES</b> (e.g. machine shop has in-house paint or plating capability or PCBA contract mfr has environmental test or conformal coat capability in-house).	
<b>28. ENVIRONMENTAL HEALTH &amp; SAFETY</b>	
List <b>AND</b> attach any Standards or regulatory agencies to which your company is either registered or compliant.	
28a. Does your company have a registered ISO14001;2015 system? <input type="checkbox"/> Yes <input type="checkbox"/> No Cert. Num.	
28b. Have you been cited (enforcement action) by any of the following U.S agencies, or nations' equivalent (outside U.S), in the previous three years? <input type="checkbox"/> EPA <input type="checkbox"/> OSHA <input type="checkbox"/> FAA <input type="checkbox"/> Other	
28c. Do you comply (at all of your facilities) and do all of the material that you incorporate into products supplied to AeroVironment comply with laws regarding slavery and human trafficking of the country or countries from which you do business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28d. Does your business have a disaster recovery plan? If yes, specify the date the plan was last revised.	<input type="checkbox"/> Yes <input type="checkbox"/> No
28e. Do you have a system in place to monitor your environmental impacts on what you supply AeroVironment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28f. Would your organization be willing to provide, upon request, information, as to the reductions in environmental impacts (i.e., improved sustainability) in relation to what your company supplies AeroVironment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28g. Does your organization have an Environmental or EHS Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28h. Has your organization compiled a list of environmental regulations and legislation relating to your operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28i. Is there a system in-place to examine ways to go beyond the minimum environmental regulations or legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28j. Please acknowledge that you have read and understood AeroVironment's EHS Policy SQM-001.	<input type="checkbox"/> Yes <input type="checkbox"/> No
28k. Describe the process used to investigate issues or non-conformances that are identified either internally or via customer complaints.	
<b>29. Environmental Health &amp; Safety Contact</b>	
Name:	Email:
Title:	Phone:
<b>30. QUALITY SYSTEMS</b>	
<b>Quality Management Contact</b>	
Name:	Email:
Title:	Phone:

**Supplier Survey**

<b>31.</b>	STANDARD (AS9100, ISO9001, ISO13485, Etc.)	EXPIRATION DATE (mmddyy)	
	<input type="checkbox"/> AS 9100		
	<input type="checkbox"/> ISO 9001		
	<input type="checkbox"/> Other:		

**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: \_\_\_\_\_

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<p><b>32. AV Supplier Category:</b></p> <p><input type="checkbox"/> Custom (manufactures to AV spec): <input type="checkbox"/> Original Equipment Manufacturer (OEM)</p> <p style="padding-left: 20px;"><input type="checkbox"/> work transfer <input type="checkbox"/> shop offload <input type="checkbox"/> Service: <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Distributor:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Franchised/authorized <input type="checkbox"/> independent</p> <p>Additional Comments:</p>	<p><b>33. Current/Future Purchase is for:</b></p> <p><input type="checkbox"/> Inventory:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Commercial resale <input type="checkbox"/> Gov't resale</p> <p><input type="checkbox"/> R&amp;D:</p> <p style="padding-left: 20px;"><input type="checkbox"/> AV use <input type="checkbox"/> Gov't use/resale</p>
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<p><b>34. Visual Compliance</b></p> <p><input type="checkbox"/> <b>NO MATCHING RECORD FOUND</b> (continue with setup)</p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>RECORD MATCH</b> (record match requires approval from Export Compliance Mgr)</p>	<p><b>35. Finance Recommendation:</b> (provide justification and date)</p> <p>D&amp;B review (mm/dd/yyyy):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> High Risk</p> <p>Justification:</p>
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<p><b>36. Purchasing Recommendation:</b> (provide justification and date)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Approved On Site Audit Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Conditional Until <input type="checkbox"/> Disapproved</p> <p>Justification:</p> <p><b>Reviewed By:</b> <b>Title:</b> <b>Signature:</b> <b>Date:</b></p>	<p><b>37. Environmental Health and Safety (EH&amp;S):</b> (provide justification and date)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Approved On Site Audit Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Conditional Until <input type="checkbox"/> Disapproved</p> <p>Justification:</p> <p><b>Reviewed By:</b> <b>Title:</b> <b>Signature:</b> <b>Date:</b></p>
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<p><b>38. QA Recommendation:</b> (provide narrative and date)</p> <p><b>Initial survey</b></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Conditional Until</p> <p style="padding-left: 20px;">On Site Audit Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, list audit type.</p> <p><input type="checkbox"/> Disapproved</p> <p>Justification:</p> <p><b>Reviewed By:</b> <b>Title:</b> <b>Signature:</b> <b>Date:</b></p>
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