

Part 1 – Vendor Information

| | | | |
|-----------------|--|------|--|
| Vendor name | | | |
| Vendor address: | | | |
| Telephone: | | Fax: | |
| Email: | | | |
| Website: | | | |

Contacts

| | | | | |
|----------------|------------|--|------|--|
| Sales | Name: | | | |
| | Title: | | | |
| | Telephone: | | Fax: | |
| | Email: | | | |
| Quality | Name: | | | |
| | Title: | | | |
| | Telephone: | | Fax: | |
| | Email: | | | |
| Other | Name: | | | |
| | Title: | | | |
| | Telephone: | | Fax: | |
| | Email: | | | |

Type of business or service provided (please tick as applicable, and complete the Parts indicated)

| Description | Tick | Remarks |
|---|--------------------------|--------------------------------|
| Approved maintenance Organisations | <input type="checkbox"/> | Complete Part 2 & 6 |
| Design/Production Organisations | <input type="checkbox"/> | Complete Part 2 & 6 |
| Repair/Overhaul Facility | <input type="checkbox"/> | Complete Part 2 & 6 |
| Supplier/Distributor of Parts, Equipment or Materials | <input type="checkbox"/> | Complete Part 3 & 6 |
| Specialised Services (eg NDT, calibration etc.) | <input type="checkbox"/> | Complete Part 4 & 6 |
| Other (specify) | <input type="checkbox"/> | Complete Part 5 & 6 |

Part 2 – Approved Maintenance/Design/Production/Repair/Overhaul Organisation

| | | | | | |
|--|--------------------------|-------------------|--------------------------|-----------------|--------------------------|
| Location of facility (if different from Part1) | | | | | |
| Type of Organisation | | | | | |
| Maintenance | <input type="checkbox"/> | Design/Production | <input type="checkbox"/> | Repair/Overhaul | <input type="checkbox"/> |
| Current Valid approvals – Repair Station, Maintenance, Production/Repair Organisation etc. (please tick as applicable) | | | | | |
| EASA | <input type="checkbox"/> | CASA | <input type="checkbox"/> | FAA | <input type="checkbox"/> |
| Other (please indicate) | | | | | |
| Please supply copies of all valid approvals and current capability lists | | | | | |
| Format of established quality system? (EASA 145, ISO etc.) | | | | | |
| Please give current issue/revision status of the Quality Manual (as applicable to supplied certification) | | | | | |

Part 3 – Supplier/Distributor of Parts, Equipment and Material

Location of facility (if different from Part1)

Does the organisation hold any recognised certifications etc.? (please tick as applicable)

Yes

No

Current Valid Certifications – ISO 9001, AS9100 series etc. (please tick as applicable)

9001

91XX series

Other (please indicate)

Please supply copies of all valid certifications

Please give current issue/revision status of Quality Manual
(as applicable to supplied certification)

Please list the companies/products that you represent

If there is no formal quality system in place, please answer the following questions (please tick as applicable)

Is the organisation an OEM?

Yes

No

If yes, please state approval source for the product (FAA, EASA, Type Certificate etc.)

Please supply copies of all valid product approvals (if applicable)

Are parts, equipment or material stored at the facility?

Yes

No

Which Release Certificates can you provide? (please list all applicable)

EASA Form 1

Certificate of
Conformance

FAA 8130-3

Other (please indicate)

Do you provide after sales support? (Please give details below)

Yes

No

Contacts

Support

Name

Title

Telephone

Fax

Email

Is an AOG service available?

Yes

No

Part 4 – Specialised Services (NDT, Calibration etc)

Location of facility (if different from Part1)

Type of Organisation etc. (please tick as applicable)

NDT

Calibration

Other (please indicate)

Current valid approvals or certifications etc. (please tick as applicable)

EASA

CASA

FAA

Other (please indicate)

Please supply copies of all valid Approvals and relevant Capability Lists

Format of established quality system? (EASA 145, ISO etc.)

Please give current issue/revision status of the Quality
Manual (as applicable to supplied certification)

Which Release Certificates can you provide? (please list all applicable)

EASA Form 1

Certificate of
Conformance

FAA 8130-3

Other (please indicate)

Part 5 – Other Services

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|--|--|
| Description of product/services provided | |
|--|--|

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|--|--|
| Location of facility (if different from Part1) | |
|--|--|

Type of Organisation etc. (please tick as applicable)

| | | | | | |
|-------------|--------------------------|-------------|--------------------------|-------|--------------------------|
| Maintenance | <input type="checkbox"/> | Distributor | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|-------------|--------------------------|-------------|--------------------------|-------|--------------------------|

Current valid approvals or certifications etc. (please tick as applicable)

| | | | |
|------|--------------------------|-------------------------|--------------------------|
| 9001 | <input type="checkbox"/> | Other (please indicate) | <input type="checkbox"/> |
|------|--------------------------|-------------------------|--------------------------|

Please supply copies of supporting documents, approvals, company brochures etc.

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|--|--|
| Format of established quality system? (ISO etc.) | |
|--|--|

| | |
|---|--|
| Please give current issue/revision status of Quality Manual (as applicable to supplied certification) | |
|---|--|

Which Release Certificates can you provide? (please list all applicable)

| | | | |
|----------------------------|--------------------------|-------------------------|--------------------------|
| Certificate of Conformance | <input type="checkbox"/> | Other (please indicate) | <input type="checkbox"/> |
|----------------------------|--------------------------|-------------------------|--------------------------|

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you comply with all local WHS laws and regulations | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

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|---|-----|--------------------------|----|--------------------------|
| Where applicable do you supply a Safety Data Sheet or Statement of Work Method? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

Part 6 – Vendor Statement

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|-------------------------------------|--|
| Name of person completing this form | |
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|-------|--|
| Title | |
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|-----------------------|--|
| Contact email address | |
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|-------|--|
| Date: | |
|-------|--|

NOTE: Please ensure form is correctly completed, and supporting documentation is attached