

VENDOR APPLICATION FORM

SUPPLIER NAME	DATE (MM-DD-YY)	AREA CODE & TELEPHONE
SUPPLIER ADDRESS (Street, State & Zip Code)	EMAIL ADDRESS	COMPANY WEBSITE ADDRESS
DESCRIPTION OF CORE BUSINESS PRODUCTS	Supplier Official to be contacted for survey Name: Title: E-mail:	
GENERAL INFORMATION		
NAICS CODE: CAGE CODE: DUNS Number: TAX Id: Provide a Copy of the Resale Certificate		
AREA IN SQUARE METERS/FEET TOTAL:		
OFFICE AREA sqmt/sqft:	MANUFACTURING sqmt/sqft:	WAREHOUSE (sqmt/sqft):
TOTAL NUMBER OF PERSONNEL:		
MANUFACTURING:	QUALITY:	INSPECTION:
ENGINEERING:	WAREHOUSE/STOCKROOM:	
WHAT PERCENT OF PRESENT WORK IS:		
GOVERNMENT:	COMMERCIAL:	OTHER:

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PLEASE LIST THREE MAJOR CUSTOMERS:

Remarks:

Survey Completed by:	Name:	ALA Supplier-Control use only	Reviewed By:
	Title:		Date:

What is your quality system derived from?
 AS9100 AS9120

OTHER, Please describe:

If not AS9100/AS9120 certified, please fill data in Section XXXX

MANAGEMENT SYSTEM CERTIFICATIONS AND ACCREDITATION

(quality management, ISMS, Environmental, Health & Safety, NADCAP,)

IF YOUR MANAGEMENT SYSTEM IS CERTIFIED BY AN ACCREDITED
 CERTIFICATION BODY OR YOU HOLD AN FAA/CAA/EASA REPAIR STATION CERTIFICATE,

PLEASE FURNISH A COPY OF THE CERTIFICATE

Certification Type	Certifying Organization	Cert Expiration	Registration Number

Do you have a calibration system? Internal External Both
 To what standard is the system certified? ISO 10012 MIL-STD-45662
 Other (indicate standard):

Do you have coordinate measurement machine capability? Yes No
 Do you perform first piece inspection on each production run? Yes No N/A

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<p>Do you have a counterfeit parts prevention program? <input type="checkbox"/>Yes <input type="checkbox"/>No If Yes, please furnish a copy of your counterfeit parts prevention procedure. If No, indicate how your company prevents receipt of counterfeit parts and your mitigation strategy if they are received:</p>				
<p>1. Is Customer furnished property maintained and controlled in a secure environment? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>				
<p>2. Is Customer furnished property tagged and segregated? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>				
	DRAWING AND SPECIFICATION CHANGE CONTROL	Yes	No	N/A
	Procedures are in effect to prevent the use of obsolete drawings, specifications and contract data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contract change data is provided to all operating personnel to assure prompt implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Materials, products and/or services affected by contract changes are identified to reflect the incorporation of these changes "drawings and specifications" revisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drawings and specifications in current use are in accordance with contract requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Remarks:</p>				

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5. HUMAN TRAFFICKING: FAR 52.222-50 COMBATING TRAFFICKING IN PERSONS AND DFAR 252.222-7007 REPRESENTATION REGARDING COMBATING TRAFFICKING IN PERSONS

Will your company provide supplies, other than commercially available off-the-shelf items, acquired outside the United States or services to be performed outside the United States that have a cumulative value of over \$500,000? Yes No

If yes, the Seller, by signing below certifies;

- a) That it has implemented a compliance plan to prevent and prohibit activities described in paragraph (b) of the clause at FAR 52.222-50, Combating Trafficking in Persons, and will take appropriate action, up to and including termination, against employees, agents, or subcontractors that violate the policy of this clause; and, after conducting due diligence to the best of the supplier's knowledge and belief, neither it nor any of its proposed agents, subcontractors, or their agents is engaged in any such activities.
- b) The Supplier represents it will not engage in any trafficking in persons or related activities, including but not limited to the use of forced labor, in the performance of a contract, has hiring and subcontracting policies to protect the rights of its employees and the rights of subcontractor employees and will comply with those policies in the performance a contract; and
- c) Notified its employees and subcontractors of the responsibility to report trafficking in persons violations by the Contractor, Contractor employees, or subcontractor employees, at any tier and employee protection from reprisal for whistle blowing on trafficking in persons violations.

6. CYBER SECURITY: FAR 52.204-21 BASIC SAFEGUARDING OF COVERED CONTRACTOR INFORMATION, DFARS 252.204-7012 SAFEGUARDING COVERED DEFENSE INFORMATION AND CYBER INCIDENT REPORTING, AND DFARS 252.239-7010 CLOUD COMPUTING SERVICES

- a) Does your company have Federal Contract Information residing or transiting through your information system as defined by FAR 4.1901? Yes No
- b) if Yes, has your company implemented the security controls enumerated in FAR 52.204-21(b)(1)? Yes No
- c) Does your company receive or develop Covered Defense Information as defined by DFARS 252.204-7012, that is required in the performance of any US Government contract? Yes No
- d) if Yes, is your company compliant with 252.204-7012 and enacted the current security requirements in National Institute of Standards and Technology (NIST) Special Publication (SP) 800-171 "Protecting Controlled Unclassified Information in Nonfederal Information Systems and Organizations"? Yes No

7. ITAR NOTIFICATION

This note serves as official notification that (1) certain information, software, and hardware items received by your company from ALA "Defense Articles" as defined in and governed by the International Traffic in Arms ("ITAR"), and (2) any transfer of such Defense Articles by any means to a "Foreign Person" as defined by the ITAR or placement of ITAR-controlled Technical Data in the public domain, whether in the U.S. or abroad, without prior approval from the U.S. Department of State Directorate of Defense Trade Controls ("DDTC") is prohibited by law.

Is your company registered with DDTC? Yes No Commercial product or N/A

8. Corporate Social Responsibility

Do you adopt the Organizational Model 231 or any other Risk Management Model?

Yes No If Yes Specify which one:

Do you prepare a CSR report?

Yes No

Do you have any other ISO certification (as i.e. Iso 14001)? Which one?

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Signature _____

Name (Print) _____

Title (Print) _____

Date _____

QUALITY MANAGEMENT SYSTEM (QMS)

Complete only if you are not AS Third Party Certified

GENERAL	Y	N	N/A	COMMENT
Do you have a Quality Management System composed of documented procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a document control system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are documents approved for adequacy prior to use and reviewed and updated when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are obsolete revisions removed to prevent unintended use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a process to control Quality Records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you conduct periodic management reviews of the QMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain records of management reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are procurement sources evaluated and monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you specify applicable Quality Requirements to the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain a documented system for the verification of purchased product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain an "Approved Supplier Listing"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the criteria for selection, evaluation and re-valuation (including requesting corrective action when appropriate) of suppliers established and are evaluations documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain records of supplier evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform in-process inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If required, do you have the ability to provide traceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are incoming materials identified and segregated until acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are materials in stores identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a process to manage a shelf life or age control materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are measuring and test equipment uniquely identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the calibration status of measuring and test readily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is measuring and test equipment used for acceptance calibrated against nationally accepted standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain records of calibrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain an internal audit program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are audit performed in accordance with an established schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain records of internal audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a documented procedure for the control of nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are nonconforming items identified, segregated and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you maintain records of nonconforming product including its disposition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a documented procedure for corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are nonconformances evaluated to determine the root cause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are corrective actions sufficient not only to correct the problem but also to prevent recurrence? Is it documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A formal procedure prescribes the method of indicating inspection status (e.g. stamps, labels, tags, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The control of issue, and the use of, quality identification devices are under the jurisdiction of authorized Quality Control Personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Final acceptance of all material, products or services is evident by Quality Control identification and is traceable to the Customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Remarks:		
TO BE COMPLETED BY SUPPLIER'S QUALITY ASSURANCE REPRESENTATIVE OR MANAGEMENT		
The information stated on this Self-Evaluation is accurate and representative of the Supplier's Quality System		
Name:	Title:	Date: