



**Family of Certified Repair Stations**

**Aviation Maintenance & Technical Support - Aviation Turbines International, Inc. - Corpair Supply Company, Inc.**

Tuesday, December 21, 2004

Dear Quality Assurance Manager,

Our quality system (FAA/EASA Part 145 and ISO 9001:2000) requires all our suppliers (vendors/sub-contractors) be maintained on an Approved Suppliers Master List. As part of the approval process, we ask you to take a few moments to fill out the brief questionnaire that follows. Your timely response will determine your organization's status as an approved supplier for our AVMATS Family of Certified Repair Stations.

Please complete the questionnaire and return it as soon as possible. We are able to authorize purchase orders to your organization only after receiving your completed questionnaire and supporting documents for assessment approval.

Additionally, **please include a copy of the following documents** that may apply to your organization:

ATA/CASE/ISO (i.e. ISO 9001: 2000 Certificate, etc.)

FAA Air Agency Certificate

(To include current Operations Specifications - *Ratings and Limitations*)

EASA (Formerly JAA) Approval/Acceptance Certificate

CAA Certificate

You may fax the completed questionnaire with supporting documents to the attention of QMS Department at **1.636.272.0844**. Or you may attach the completed questionnaire with supporting documents (PDF) to an email and send to [dfpalmer@avmats.com](mailto:dfpalmer@avmats.com).

Thank you for your prompt attention to this matter.

Sincerely,

*Donald F. Palmer*

Donald F. Palmer  
Quality Management System Director

[dfpalmer@avmats.com](mailto:dfpalmer@avmats.com)

# AVMATS – QUALITY MANAGEMENT SYSTEM – ISO 9001:2000 Registered

Aviation Maintenance & Technical Support – Aviation Turbines International, Inc. – Corpair Supply Company, Inc.

## QUESTIONNAIRE – SUPPLIER OR SUBCONTRACTOR ASSESSMENT

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|   |                              |   |
|---|------------------------------|---|
| <b>Please return completed questionnaire with required supporting documents to the attention of:</b>  |                              | Don Palmer - ISO QMS Director   |
| Facility: <i>AVMATS Quality Management System Directors Office</i>  | Fax: <i>636.272.0844</i>     | Phone: <i>636.272.2266 ext. 277</i>   |
| COMPANY NAME: _____   |                              | Check One: <input type="checkbox"/> SUPPLIER<br><input type="checkbox"/> SUB-CONTRACTOR |
| Address: _____  |                              |   |
| City: _____   | State: _____                 | Zip: _____  |
| Phone: _____  | Fax: _____                   | Web: _____  |
| Email: _____  | Contact: _____               |   |
| Company EIN (Federal Tax ID)/State or City License #: _____   |                              |   |
| <b>Who was your original AVMATS ‘Point of Contact’ (POC) that asked you to complete this questionnaire?</b>   |                              |   |
|   |                              |   |
| <b>List a detail of all products and services that may be of interest to our organization, including any unique processes, product capabilities, and patents held. Describe the specific advantages of your products and services.</b>  |                              |   |
|   |                              |   |
| <b>Briefly describe the processes your company uses, its production capabilities, facilities, and any customer references.</b>  |                              |   |
|   |                              |   |
| <b>IMPORTANT: <u>Attach supporting documents</u>, such as ISO Certification, and certifications to any other documented quality standard.</b>   |                              |   |
| <input type="checkbox"/> Aviation Suppliers Association Certificate (ASA-100) - FAA Advisory Circular 00-56A<br><input type="checkbox"/> Civil Aviation Authority Certificate (CAA)<br><input type="checkbox"/> European Aviation Safety Authority Certificate (EASA)<br><input type="checkbox"/> Federal Aviation Administration Air Agency Certificate & Operations Specifications (FAA)<br><input type="checkbox"/> International Organization of Standardization Certificate of Registration (ISO)<br><input type="checkbox"/> Other: |                              |   |
| <b>Does your company object to pre-arranged visits to your facility by our quality representative, or our customers, to inspect your products, processes and review your quality records system?</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| <b>If your answer is “Yes,” please detail the reasons for your refusal to allow access.</b>   |                              |   |
|   |                              |   |

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QUESTIONNAIRE – SUPPLIER OR SUBCONTRACTOR ASSESSMENT

Page 2 of 2

Briefly describe your organization’s structure. (Attach copy of organizational chart.)

List total number of employees \_\_\_\_\_ and facilities \_\_\_\_\_.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have a documented Quality System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is your System certified by a third party regulatory authority or registrar?<br>( i.e. ASA – CAA – EASA – FAA – ISO ) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • If Yes, who?  |                              |                             |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Is your system assessed and accepted by a second party (i.e. Customer – Other Interested Parties)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • If Yes, who?   |                              |                             |

If your company does not have a documented quality management system: Do you intend to develop or are you currently in the process of developing a system? Please state when and to which standard you are formulating compliance.

**STOP! – Do not write below this line!**

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|  |                              |                             |
|--|------------------------------|-----------------------------|
| The inquiry and attachments satisfy criteria for approval. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Identify the reason for approval or rejection

QMS Officiating Signature

|               |                    |      |
|---------------|--------------------|------|
| Employee Name | Employee Signature | Date |
|---------------|--------------------|------|

Form Usage Approved By: **Steven E. Murphy**  
 Title: **Director of Quality Assurance**

Issue Date: 12/01/03  
**Form 7.4\_1, Rev (1)**  
 Revision Date: 12/27/04