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Company Name:		Telephone:	Fax:	Website:
Official Address:		Location Where Business is Conducted:		
Type of business:	Repair Station <input type="checkbox"/>	Distributor <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Other <input type="checkbox"/>
Years in the Business _____				

Personnel	Name	Phone	Fax	E mail
Accountable Manager				
Quality Assurance Mgr.				

Approval Certificate (FAA, EASA, CASE, ISO, ASA 100, FAA AC 0056) Please provide copies of your certificates and W-9 form	Number	Expiration Date

General Please provide explanation to any NO answers in the comment section below.	Yes	No	N/A
Is there an established quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Quality System assure that parts procured for sale have not been subjected to extreme stress, heat or environment or previously installed in a public aircraft, such as a government or military aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are Quality Assurance procedures documented and available to supervisors and workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is incoming and outgoing material inspected for proper identification, condition, and compliance with specification and purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a documented system in place for control of shelf life-limited items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records maintained? (if yes, for how long? _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are records protected against damage, alteration, deterioration and loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a procedure in place for approving vendors? (if yes, please describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an approved vendors/suppliers list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are self-audits/evaluations performed and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a documented method of controlling the quality of subcontracted work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all components verified for Airworthiness Directives and is the AD status listed on the supplied documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you permit a customer to perform an audit of your facilities or QA manual, if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments Please attach additional paper if necessary.

I certify that the information supplied is true and that I am an official of the supplier authorized to sign this certification. In the event of any changes that relate to the capability of the company facilities and procedures, I will notify AeroVision International in writing.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For AeroVision International Use Only			
Date:	Approval Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Approved for: <input type="checkbox"/> RO <input type="checkbox"/> PO
Quality Approval:	_____	_____	_____
	Signature	Printed Name	
Remarks:			