

Please return to:

Wencor Group	Email:	Original Requestor OR pmaquality@wencor.com
	Mail:	1625 N 1100 W, Springville, UT 84663
	Fax:	801-489-2101

1. COMPANY GENERAL INFORMATION

Legal Name of Company			Cage Code (FSCM)		
Parent Company (if Division or Subsidiary)			Type of Business		
			<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other		
Sales Address Number and Street			Area Code and Phone No.		
City		State		Zip Code	
Manufacturing Address Number and Street (If different from above)			Area Code and Fax No.		
			Email		
City		State		Zip Code	
			Website		

2. OTHER INFORMATION

Manufacturing	%	Distribution	%	Broker	%	Other	%
Is your Company registered with the U.S. Department of State, DDTC?				<input type="checkbox"/> Yes, registration expiration date: _____ <input type="checkbox"/> No			
Has your company ever been debarred, suspended, proposed for debarment or declared ineligible by any Agencies of the U.S. Government?				<input type="checkbox"/> Yes, why? _____ <input type="checkbox"/> No			
Do you have liability Insurance?				<input type="checkbox"/> Yes, how much? _____ \$ <input type="checkbox"/> No			
Subsidiaries, Divisions and Affiliates							
Number of Employees in Company		At this Location			Total in Company		
Number of Years in Business		At this Location			Altogether		

3. KEY CONTACTS

Contact	Name	Direct Telephone/Extension	Email
President/CEO			
Quality Assurance Manager			
Sales Manager			
Sales Contact (if different)			

4. 3rd PARTY CERTIFICATIONS & APPROVALS

Please check the boxes that apply below and add the expiration dates. <u>Please provide copies of all certifications.</u>					
QUALITY MANAGEMENT SYSTEM		Expiration Date/ Certificate Number	NADCAP APPROVALS		Expiration Date/ Certificate Number
<input type="checkbox"/>	AS9100		<input type="checkbox"/>	Aerospace Quality Systems	
<input type="checkbox"/>	ISO9001		<input type="checkbox"/>	Chemical Processing	
<input type="checkbox"/>	AS9110		<input type="checkbox"/>	Coatings	
<input type="checkbox"/>	AS9120		<input type="checkbox"/>	Composites	
<input type="checkbox"/>	ISO/TS16949		<input type="checkbox"/>	Conventional Machining as a Special Process	
<input type="checkbox"/>	ISO13485		<input type="checkbox"/>	Elastomer Seals	
<input type="checkbox"/>	QPL		<input type="checkbox"/>	Electronics	
<input type="checkbox"/>	MIL-I-45208		<input type="checkbox"/>	Fluids Distribution	
<input type="checkbox"/>	QSLD/QSLM		<input type="checkbox"/>	Heat Treating	
<input type="checkbox"/>	ASA-100/FAA (AC) 0056-A		<input type="checkbox"/>	Materials Testing Laboratories	
<input type="checkbox"/>	FAR 145		<input type="checkbox"/>	Measurement & Inspection	
<input type="checkbox"/>	EASA Part-145		<input type="checkbox"/>	Non Metallic Materials Manufacturing	
OTHER QUALITY MANAGEMENT SYSTEM			<input type="checkbox"/>	Non Metallic Materials Testing	
<input type="checkbox"/>	Aerospace Prime Approval 1		<input type="checkbox"/>	Nonconventional Machining & Surface Enhancement	
<input type="checkbox"/>	Aerospace Prime Approval 2		<input type="checkbox"/>	Nondestructive Testing	
<input type="checkbox"/>	Aerospace Prime Approval 3		<input type="checkbox"/>	Sealants	
<input type="checkbox"/>	Other Approval		<input type="checkbox"/>	Welding	
<input type="checkbox"/>	Other Approval				
<input type="checkbox"/>	Documented but not certified QMS (Go to section 5)				
<input type="checkbox"/>	No documented or certified QMS (Go to section 5)				

5. FOR QUALITY MANAGEMENT SYSTEMS THAT ARE NON-EXISTENT OR NOT CERTIFIED

If your Quality Management System is certified as shown at section 4 above, and you provide a current certificate as evidence, the following answers may be omitted - skip to Section 6.			
<input type="checkbox"/>	Does your company have a quality manual? Please provide a copy.		
<input type="checkbox"/>	Does your company utilize sampling plans?	<input type="checkbox"/>	Is zero based sampling (C=0) applied?
	Sampling Plan Used	<input type="checkbox"/>	Do you 100% inspect all features?
<input type="checkbox"/>	Does your company use SPC / SQC?	<input type="checkbox"/>	Is it a regular procedure for your company to perform regular first article inspections?
	<input type="checkbox"/> Are SPC records available to customers, if requested?		<input type="checkbox"/> Are first article inspections an extra?
<input type="checkbox"/>	Are all items inspected to customer P.O. and blueprint requirements before shipment?	<input type="checkbox"/>	How much?
<input type="checkbox"/>	Are dimensional inspection reports available to customers, where requested?	<input type="checkbox"/>	Are Certificates of Conformance always provided? Please provide an example.
<input type="checkbox"/>	Do you maintain traceability on all product to Production Approval Holder, manufacturer, or FAA approved source?	<input type="checkbox"/>	Do you maintain lot segregation and revision status on inventory and product provided?
	<input type="checkbox"/> Will you provide this traceability?	<input type="checkbox"/>	Do you maintain current technical data for products provided?
<input type="checkbox"/>	Does your gage control system comply with ISO 10012?	<input type="checkbox"/>	Do you audit and maintain records of your suppliers?
	Other gage control system	<input type="checkbox"/>	Do you have a process for control of acceptance stamps and signatures?
<input type="checkbox"/>	Are all gages included in the calibration system, and traceable to N.I.S.T.?	<input type="checkbox"/>	Do your inspectors hold, or do you expect them to hold, any particular qualifications?
<input type="checkbox"/>	Do you apply any particular shelf-life standards and controls?		List of Inspector Qualifications
	If so, which?		
<input type="checkbox"/>	Do you have a resident DCMA QAR?		
	Address of DCMA Office		
	Phone Number of DCMA Office		

6. OTHER APPROVALS

Indicate other approvals held. <i>Please provide copies of any approvals.</i>			
Process		Approval Source (e.g. Boeing, Military, etc.)	Specification
<input type="checkbox"/>	Non Destructive Testing		
<input type="checkbox"/>	Heat Treating		
<input type="checkbox"/>	Materials Testing		
<input type="checkbox"/>	Coatings		
<input type="checkbox"/>	Chemical Processing		
<input type="checkbox"/>	Welding		
<input type="checkbox"/>	Non-conventional Machining & Surface Enhancement (EDM/EDG, etc.)		
<input type="checkbox"/>	MIL-Spec Packaging		
<input type="checkbox"/>	Part Marking (e.g. laser etch)		
<input type="checkbox"/>	Other		
<input type="checkbox"/>	Other		

7. AUTHORIZED AND/OR LICENSED DISTRIBUTOR FOR AN OEM/MANUFACTURER

Please fill out the table below with authorizations. <i>Please attach copy of authorizations.</i>			
OEM/Manufacturer Name	City	State	Service/Supply

8. CAPABILITIES

Please check the boxes below for all the capabilities your company possesses.			
<input type="checkbox"/>	Assemblies	<input type="checkbox"/>	Non Destructive Testing
<input type="checkbox"/>	Balancing	<input type="checkbox"/>	Overhaul Shop Parts
<input type="checkbox"/>	Balancing Parts	<input type="checkbox"/>	Pins
<input type="checkbox"/>	Bearings	<input type="checkbox"/>	Piston Rings
<input type="checkbox"/>	Cabin Interior Products	<input type="checkbox"/>	Protective Covers
<input type="checkbox"/>	Cable & Cable Components (Mechanical)	<input type="checkbox"/>	Raw Materials
<input type="checkbox"/>	Clamps & Couplings	<input type="checkbox"/>	Retaining Devices
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Rivets
<input type="checkbox"/>	Digeplayer & Accessories	<input type="checkbox"/>	Rolling Parts: Non-Bearing
<input type="checkbox"/>	Ducting	<input type="checkbox"/>	Safety
<input type="checkbox"/>	Electrical / Electronic	<input type="checkbox"/>	Seals
<input type="checkbox"/>	Fasteners	<input type="checkbox"/>	Special Processing
<input type="checkbox"/>	Filters	<input type="checkbox"/>	Springs
<input type="checkbox"/>	Forming	<input type="checkbox"/>	Stamping
<input type="checkbox"/>	Gears & Impellers	<input type="checkbox"/>	Tooling
<input type="checkbox"/>	Hazardous Materials	<input type="checkbox"/>	Valve & Valve Assemblies
<input type="checkbox"/>	Hinges	<input type="checkbox"/>	Washers
<input type="checkbox"/>	Hose Components	<input type="checkbox"/>	Wiper Assembly Components
<input type="checkbox"/>	Identification	<input type="checkbox"/>	Other
<input type="checkbox"/>	Kits	<input type="checkbox"/>	Other
<input type="checkbox"/>	Latches	<input type="checkbox"/>	Other
<input type="checkbox"/>	Nets	<input type="checkbox"/>	Other

9. SIGNATURE

Please sign and date below			
Print Name		Date	
Signature		Title	

PLEASE REFER TO WENCOR GROUP WEBSITES FOR PURCHASE ORDER REQUIREMENTS & CONDITIONS
www.wencorgroup.com