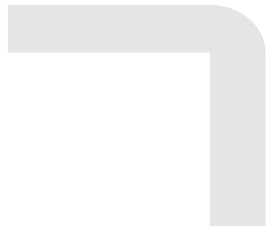


SUPPLIER QUALIFICATION FORM

GENERAL INFORMATION: To be completed by Supplier, Independent Contractor, or Subcontractor

Supplier Name:	Physical Address:	Remit-To Address (mark same if same as physical):
Contact Name:	Contact Phone:	Contact Email:
Tax Id:	Product/Service:	Years in Business:
Is your business (circle/highlight one): Small Small Disadvantaged Large Woman Owned Foreign Veteran Owned (provide cert if applicable)	Is your business (circle/highlight one): Manufacturer Distributor Software Design Services Retail Services	Is your business (circle/highlight one): Incorporated Sole Proprietorship Partnership Limited Liability Corporation Other (and what):



REFERENCES

COMPANY	CONTACT NAME	CONTACT PHONE	CONTACT EMAIL

QUALITY SYSTEM INFORMATION

<p>List all standards the quality system is based on (circle /highlight):</p> <p>SAE-AS9100</p> <p>ISO-9001:2000 (ANSI/ISOI//ASQ Q9001-2000)</p> <p>OTHER (list it):</p>	<p>Procedures/Standards/Work Instructions: are they Available to DRB (circle or highlight then write next to it Yes or No for DRB availability):</p> <p>QA Procedures</p> <p>Mfg Workmanship Standards</p> <p>Inspection Standards</p> <p>Engineering Drawings of Parts</p> <p>Special Processes</p> <p>Software Standards</p>
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SIGNATURE & DATE:



DRB USE ONLY

Comments:	Approved Or Disapproved	Vendor ID
Approval (Procurement):	Date:	