



EXCELLENCE IN SUSTAINMENT SOLUTIONS

Dear Supplier/Vendor,

AllClear has an ongoing standard to provide quality aircraft components to our customers. In that effort, we require that all our prospective and currently approved vendors and suppliers complete and return our Supplier Quality Evaluation. This questionnaire will also be submitted in the case of a company's change of address or status.

Please take a moment to complete this evaluation and return it to us by e-mail, fax or mail, along with a copy of all applicable approval letter(s) and certification(s).

If your company is an approved 14 CFR Part 145 Repair Station, we request that you include the following:

- Air Agency Certificate
- Operations Specifications (Capabilities)
- FAA-Approved Anti-Drug Program
- EASA Certificate (if applicable)
- CAAC Certificate (if applicable)
- ISO 9001 or AS9110

If your company is a Distributor, Supplier, or Broker, we request that you include the following:

- Quality System(s) Certification (e.g. ISO 9001, AS9120, ASA100, or AC-0056a)
- Cover Page of First Page of QA (GPM) Manual stating Revision level and date.

If your company is located within the United States, we request that you include the following:

- W-9 Form

A response is required within fifteen (15) days of receipt of this audit for Suppliers currently on AllClear's Approved Supplier/Vendor List, and immediately upon new Supplier Approvals. Failure to respond may have an adverse effect upon your status within AllClear's approved vendor listing.

If you are not the intended recipient of this evaluation/survey, please forward it to the appropriate individual and/or department for processing.

If you have any questions, please feel free to contact AllClear's Quality Assurance Department at the e-mail address and number(s) provided below.

Best Regards,

AllClear
Quality Department
15501 SW 29th Street
Suite 101
Miramar, Florida 33027
Main: 954-239-7844 Fax: 954-538-6626
E-mail: tribeiro@goallclear.com



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SUPPLIER QUALITY EVALUATION

This report is intended to supply AllClear data relative to the capabilities of the vendor/supplier. Please complete this questionnaire to allow AllClear to evaluate your company's capabilities and controls.

All fields marked with an (*), denote required information to be provided.

*Company Name: _____ *Cage Code (if applicable): _____

*Supply Legal Trading Name: _____

*Address: _____

*Main Phone Number: _____ *Main Fax Number: _____

*Quality Phone Number: _____ *Quality Fax Number: _____

*Type of Business: Manufacturer Distributor Authorized Distributor
(Check one) Repair Station Other (Specify): _____

*General Information

Principal Service/Product: _____

Special Processes (Heat Treat, NDT, Metallurgy, Plating, etc.): _____

Small Business Administration (SBA) Categorization (If applicable):

*Type of Business:

- Small Disadvantaged (SDB)
- Women-Owned Small Business (WOSB)
- Historically Underutilized Business Zone (HUBZone),
- Veteran Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned (SDVOSB) Small Businesses and
- Other than Small Business" (Other SB) as subcontractors.
- Other (Specify): _____



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Organization:

*Quality Contact: _____

*Title: _____ E-mail: _____

*Head of Operations: _____

*Title: _____ E-mail: _____

*Is your Quality System certified/ compliant to any of the following (check all that apply)?

ISO 9001 AS 9100/9110/9120 ASA 100 FAA AC 00-56A

*Please indicate if you hold one or more of the following certifications:

CFR 121 CFR 145 EASA CAAC CAA Other (Specify): _____

*Survey Completed By (please print): _____

*Signature: _____

*Title: _____ E-mail: _____

*Date: _____

Please return completed and signed survey along with applicable certification(s) to:

AllClear
Attn: Quality Department
15501 SW 29th Street
Suite 101
Miramar, FL 33027
or
E-mail: tribeiro@goallclear.com

Note: If your Quality System is FAA and EASA certified or is 3rd party certified, it is not necessary to complete the remaining questions on this form. Please provide certificates as proof.



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SUPPLIER QUALITY EVALUATION

A	QUALITY SYSTEM	YES	NO	N/A
1.	Is there an established Quality System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a Quality Manual defining the Quality System? If requested, can a copy be provided?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3.	Is the quality system documentation kept current and readily available to employees, customers, auditors or designee(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there an established documented self-audit/evaluation program which identifies who within the company is responsible for conducting self-audits the frequency of audits, audit documentation and corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Will you give reasonable access to AllClear, as well as AllClear's customers, to all facilities and documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	SUPPLIER CONTROL	YES	NO	N/A
6.	Is there a system for evaluation, qualification, and approval of suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are suppliers monitored and audited per interval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is there a process for delinquent vendors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	PROCUREMENT	YES	NO	N/A
9.	Does the system assure that parts procured conform to the documentation requirements requested on the customer purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the system assure deviations are disclosed and approved by the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you have a warranty policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	INSPECTION	YES	NO	N/A
12.	Are there documented procedures for inspection (and testing, if applicable) of product for receiving, in-process and final acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are quality records of inspection (and testing, if applicable) retained for a period of 7 years and available for review upon request? If response is "no", for how many years? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	SHELF-LIFE CONTROL	YES	NO	N/A
14.	Does your company have criteria for shelf-life control? If response is "yes", what are your company's criteria for shelf-life control? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	CONTROL OF NONCONFORMING PRODUCT	YES	NO	N/A
15.	Is there a documented procedure for control of nonconforming products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does the procedure provide for segregation, identification, and documentation of discrepant material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Does the procedure assign responsibility for disposition (i.e. MRB, submit to customer)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is there an established procedure for recalling nonconformance material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	CORRECTIVE ACTION	YES	NO	N/A
19.	Is there a documented procedure for customer complaints and implementing corrective and preventive action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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******* AIIClear QA/EXPORT COMPLIANCE DEPT USE ONLY*******

EXPORT COMPLIANCE	
Approved/Disapproved by:	Date:
QUALITY DEPARTMENT	
Approved/Disapproved by:	Date:

Comments:
