SUBJECT: Instruction—Supplier Quality Questionnaire

Please furnish the information requested below to enable Kodiak Aircraft Company to confirm your company's ability to supply goods or services to our specifications. Your prompt completion of this questionnaire will keep your company on our Approved Supplier List without interruption.

Complete and return all required pages of this survey to Kodiak Aircraft within 10 business days. If you have any questions, contact the Kodiak Aircraft Quality Auditor via email or by phone at (208) 263-1111.

1. General Information

Company Name:	
Address:	
City, State, Zip Code:	**Country:**
Phone:	**Fax:**
Division or Subsidiary of:	
Principal Products and/or Services:	
Years in Business:	**Available Capacity:**

2. Key/Quality Contact Information

Quality Dept. Head			
Name:		Email:	
Position:		Phone:	

Secondary Contact Dept. Head			
Name:		Email:	
Position:		Phone:	

3. References/Quality System Approvals

REFERENCES: Tell us how to contact other companies to which you are currently supplying products, articles, and/or services			
Reference 1:		Phone:	
Contact Name:		Email:	
Reference 2:		Phone:	
Contact Name:		Email:	
Reference 3:		Phone:	
Contact Name:		Email:	

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PRIOR APPROVALS			
Prior Approval 1		Phone	
Contact Name		Email	
Prior Approval 2		Phone	
Contact Name		Email	
Prior Approval 3		Phone	
Contact Name		Email	

4. Quality System Standard

Indicate any FAA approvals held by your organization:					
Repair Station: ☐	PC: ☐	TC: ☐	STC: ☐	TSO: ☐	PMA: ☐

Indicate any third-party certification held by your organization and provide copies of certifications:			
ISO 9001: ☐	AS9100: ☐	AS9120: ☐	Other:

Indicate special processes performed by your organization and provide copies of any certifications:					
Chem Film: ☐	Cad Plate: ☐	NDT: ☐	Heat Treat: ☐	Anodize: ☐	Welding: ☐
Other:					

Indicate any third-party vendors used by your organization for Kodiak Aircraft parts	
Manufacturer:	
Special Process/Finish	

MANUFACTURING CAPABILITY: Tell us about your processes, equipment used, primary products manufactured, etc.

INSPECTION CAPABILITY: Tell us about your equipment, number of inspectors, sampling plan, calibration and process controls, etc.

RECORD RETENTION: Tell us about your record retention capabilities, retention time period, methods of storage, access restrictions, etc.

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PERSONNEL/ FACILITY CHANGES: Tell us about significant personnel/facility changes over the last 12 months (if any)

General Questions

	Yes	No	N/A
1. Can you supply Kodiak Aircraft with a copy of your written Quality Procedures?	☐	☐	☐
2. Can you supply Kodiak Aircraft with copies of raw material certifications (chemical and physical; property test results)?	☐	☐	☐
3. Can you supply Kodiak Aircraft with copies of traceability records back to primary manufacturers?	☐	☐	☐
4. Can you supply Kodiak Aircraft with copies of inspection records?	☐	☐	☐
5. Can you supply Kodiak Aircraft with copies of special process certification/qualification records?	☐	☐	☐
6. Are your calibration standards traceable to NIST or a standard acceptable to the FAA?	☐	☐	☐
7. Can production workers approve their own work?	☐	☐	☐

5. Comments

COMMENTS: Tell us more information about any of the questions above (if needed)

6. Signature/Date

As a supplier to an aircraft manufacturer subject to FAA regulations, it is understood that a supplier's facilities, quality system, and related equipment are subject to audit by agents of Kodiak Aircraft and/or the FAA. By completing and returning this survey you are agreeing to cooperate with any such audit or inspection without additional charges to Kodiak Aircraft. Further, you are certifying that all information submitted is correct and true to the best of your knowledge.

Submitter's Name	**Submitter's Title**	**Date:**

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