



239 West Grimes Lane
 Bloomington, IN 47403
 Main 812-333-6100 - Fax 812-333-6111
 www.msp-aviation.com

VENDOR SURVEY AND CERTIFICATION

Company Name		Contact Name	
Address		City, State, Zip	
Phone Number		Fax Number	
Website		Email:	
CAGE / ESDM		Tax ID #	
		DUNS #	

Ownership (*nationality/person status*) of the Entity is:

U.S. Owned U.S. Incorporated with Foreign Parent Foreign-Owned:

Do one or more foreign persons have more than 50 percent of the outstanding voting securities of the firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do one or more foreign persons have the authority or ability to establish or direct the general policies or day-to-day operations of the firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do foreign persons own 25 percent or more of the outstanding voting securities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country registered for business in?	

Business operates as (*Check all that apply*)

<input type="checkbox"/> A corporation incorporated under the laws of _____ (state).	<input type="checkbox"/> Publicly Traded Corporation
<input type="checkbox"/> Privately Held Corporation	<input type="checkbox"/> Limited Liability Corporation
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Joint Venture or Consortium	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Partnership	

Check all applicable box(es) as described under FAR 19.001 Definitions and FAR 19.201 General Policy: Large Business Small Business Foreign Business If your business is a Small Business and also falls into one of the diversity categories below and defined by the Small Business Administration at www.SBA.gov, please check all additional applicable classifications of your business. (*More than one box may apply*):

<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Women-Owned Small Business
<input type="checkbox"/> Historically Black College / University	<input type="checkbox"/> HUB Zone Small Business (include SBA certification)
<input type="checkbox"/> Veteran-Owned Small Business	<input type="checkbox"/> Service-Disabled Veteran-Owned Small Business
<input type="checkbox"/> ANC, not a Small Business	<input type="checkbox"/> Alaska Native Corporation or Indian Tribe (ANC)
<input type="checkbox"/> ANC, not SBA certified by SMA as Small Disadvantaged	

SUPPLIER TYPE

Supplier Type Details	<input type="checkbox"/> Process Facility (<i>IE: Heat Treat, Plating, Welding, NDT, etc.</i>)
	<input type="checkbox"/> Manufacturer
	<input type="checkbox"/> Raw Materials (<i>IE: Metals, Plastics, etc.</i>)
	<input type="checkbox"/> Service Provider (<i>IE: Calibration, Maintenance, etc.</i>)
	<input type="checkbox"/> OEM/Distributor (<i>Hardware, Consumables, etc.</i>)

Please complete the following questionnaire as accurately as possible. We are in the process of approving your organization as a potential supplier of products or services and need the following information to make our decision. Your response is greatly appreciated **within 5 business days**.

EXPORT / IMPORT / ANTI-CORRUPTION COMPLIANCE CERTIFICATION

Export Compliance Point of Contact "POC"Name:	
Export POC email:	Export POC phone:



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Is your company registered w/ the Directorate of Defense Trade Controls, U.S. Department of State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Expiration Date:	
Does your company employ persons or use contract labor or consultants with citizenship of a country other than the country of incorporation of your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does your company perform work at non-U.S. facilities, affiliates or subsidiaries with an address in a country other than the country of incorporation of your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Will any third party who is a non-U.S. company or who will utilize non-U.S. facilities or non-U.S. persons be involved in any way on any Company transactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

As a duly authorized representative of the company denoted, I certify and warrant the accuracy of all statements herein, represents that it is familiar with the requirements of the U.S. Export regulations, Foreign Corrupt Practices Act and any applicable local or foreign laws, ordinances, and U.S. Government's contracting and subcontracting programs and confirm that our company will comply with all statements herein.

I understand that this certification shall apply to all requests for quotations, requests for proposals, purchase orders or subcontracts received from MSP Aviation "MSP" and understand that I am responsible for notifying MSP of any changes in status affecting this certification.

I further acknowledge that where information must be exchanged between our company and MSP, regardless of the media or method used to exchange information, we shall preserve in confidence MSP's information and shall, unless otherwise authorized in writing by an authorized agent of MSP, prevent disclosure to third parties. We shall further restrict disclosure of MSP Aviation information to our employees on a need to know basis and will advise the restrictions of disclosure and use. If we determine an unauthorized use or disclosure of MSP's information, we shall promptly notify MSP of the disclosure and shall endeavor to prevent further unauthorized use or disclosure.

Company Authorized Agent Print name:		Date:	
Company Authorized Agent Signature:			

U.S. ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES CERTIFICATION

U.S. Federal Firearms License Requirements (27 CFR § 478.41) All Buyer's U.S. suppliers must comply with the U.S. regulatory requirements contained in the U.S. National Firearms Act and Gun Control Act; which states that: "Each person intending to engage in business as a firearms or ammunition importer or manufacturer, or dealer in firearms shall file an application, with ATF in accordance with 27 CFR 478.44, and, pursuant to 27 CFR 478.47, receive the license required for such business from the Chief, Federal Firearms Licensing Center.

Is your company licensed w/ the Alcohol Tobacco Firearms and Explosives, U.S. Department of Justice?

No
 Yes Expiration date _____ License Number: __-__-XXX-XX-XX-_____

Type of license (check all applicable): 01 02 03 06 07 08 09 10 11

CYBERSECURITY CERTIFICATION



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Cybersecurity:
 Is your company NIST 800-171 (DFAR 252.204.7012) compliant? Yes No

What is your current CMMC level?
 N/A Level 1 Level 2 Level 3 Level 4 Level 5 Expiration Date: _____

What is your anticipated CMMC level?
 N/A Level 1 Level 2 Level 3 Level 4 Level 5 Est. Cert. Date: _____

GENERAL STATEMENTS

Is your company a Boeing Approved? Yes No

Is your company Honeywell Approved? Yes No

Have you read and agree to comply with F.7.4.2, Purchase Order QA Requirements? Yes No

Have you read and agree to comply with QM-102, Supplier Quality Assurance Manual? Yes No

Are the requirements of F.7.4.2 and QM-102 passed on to sub-tier suppliers? Yes No

QUALITY MANAGEMENT SYSTEM

Quality Management System:
 Does your organization maintain an accredited quality management system (QMS)? Yes No

QMS Type: ISO 9001 SAE AS9100 SAE AS9120 Mil-1-45208-A Nadcap
 Other (*Please specify*):

If Yes, please attach a current copy of the registration certificate provided by your registrar, CMRT, Reach/RoHS Declaration, any other certificates you hold. **SKIP** the questionnaire below and sign page 5. You can email survey to dmcfarland@msp-aviation.com.

QUALITY MANAGEMENT SYSTEM QUESTIONNAIRE		Yes	No	N/A
1	Do you have a documented quality management system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is a system of QA adequately described in Management approved written procedures/instructions/policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are such procedures/instructions/policies maintained current and made available to all affected personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are the Quality procedures reviewed and upgraded at predetermined levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does QA participate in contract review to identify, evaluate, and flow down quality requirements to internal processes and sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Does your company provide, through written instructions, procedures to notify customer of any change to your inspection system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are written procedures or instructions provided for key/critical processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are in-process steps documented in such a manner as to provide a positive inspection status of the material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are assembly and Inspection operations and test results documented and validated by inspection on a traveler, work order, or other identifying document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Does the product and/or its associated inspection test records reflect the test operator and/or inspector performing the detailed operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are detailed procedures used for inspection and calibration of tools, gauges, and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Does the system adequately provide for mandatory recall of all calibrated/inspected tools, gauges, and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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13	Are employee-owned tools and gauges subject to same controls as company-owned tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Do standards currently in calibration have certifications on file that are traceable to the NIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Are un-calibrated or outdated items identified and/or stored in such a manner as to preclude their use pending calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are tools, gauges and test equipment identified in a manner to reflect: a. Date calibrated/inspected and/or dates due for calibration/inspection? b. Item identity or serial number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Is the inspection status of products and materials indicated by stamps, tags, routing tickets, or other normal control methods, as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Does receiving inspection check incoming shipments to requirements of the purchase order, referenced specifications, and applicable drawings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Are incoming materials identified to the applicable purchase order or material certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Are inspected items properly segregated from material awaiting inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Is the sampling inspection performed to a recognized standard? What standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Are first articles inspected and documented in accordance with AS9102 requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Is government/customer furnished material: a. Inspected to applicable drawings and specifications? b. Adequately stored to preclude damage? c. Controlled by identification and segregation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Does the system provide for the identification and segregation of damaged government/customer furnished material that is non-conforming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does the company have formal procedures and an established system for: a. Detection of discrepant material? b. Segregation of discrepant material? c. Identification and/or marking of discrepant material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Is a holding are used for non-conforming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Is QA represented in material review activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Do records of non-conformance and material review actions reflect adequate descriptions of deficiencies and subsequent corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Do you have a documented corrective action process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Do you have a customer complaint process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Do you have a customer complaint process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Do you retain records of quality activities? How Long? _____ Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Do you allow customers to audit your facilities / processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Do you perform internal audits on your internal processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Are employees competent to perform work affecting product/service quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Does QA review procurement documents for the inclusion of quality requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Does the company monitor the special processes at adequate intervals by testing at receiving inspection, surveillance of sub-tier suppliers or process survey?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Is there a documented policy or procedure for product obsolescence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Does the company communicate potential obsolescence with their customers and provide options for replacement parts, if available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Have you developed and implemented a counterfeit product control plan? If yes, please answer the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Does your control plan include processes for risk mitigation, disposition and reporting of counterfeit product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	b. Do you maintain a list of approved suppliers, including their scope of approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Do you specify a flow down of applicable counterfeit product requirements to your suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Have you established a documented process for detection of counterfeit product prior to acceptance (receiving/inspection)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Do you supply "EEE" parts from a distributor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Are you a distributor that supplies "EEE" parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Are you compliant with the requirements outlined in AS5553 and AS6174?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Rep. Signature				Date
Quality Rep. Printed Name				

Approval Status (to be completed by our representative)			
Approval Status	<input type="checkbox"/> Accept Supplier <input type="checkbox"/> Reject Supplier <input type="checkbox"/> Probationary Status		
Approval Authority		Date	
NOTE: Supplier Risk must be completed prior to approval.			

Supplier Risk (Completed by **MSP Aviation**)

Quality Risk	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Significant (Describe Below) Check Probationary Status.
Export Compliance Risk	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Significant (Describe Below)
Cybersecurity Risk	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> Significant (Describe Below)
Describe Risk Mitigation Program			
Quality Approval By		Date	
Export Approval By		Date	
Cybersecurity Approval By		Date	