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| **PLEASE SUBMIT COMPLETED TCF1083 TO TELEDYNE CONTROLS IN A WORD FORMAT** |
| 1Company Name: |  | Telephone: |  |
| **2**Address: |  | City: |  | State: |  | Zip Code: |  |
| **3**DUNS Number: |  | Other Locations: |  |
| **4**Owner/GM Name: |  | Email: |  |
| **5**QA Manager: |  | Email: |  |
| **6**Company Point of Contact: |  | Telephone: |  |
| **7**Title: |  | Email: |  |
| 8Years in Business: |  | Years at Current Location: |  | Square Footage: |  | Building: | [ ]  Lease [ ]  Own  |
| 9Website: |  | Years with Teledyne Controls: |  |
| **10**Current Capacity: |  | Shifts[ ]  1[ ] 2[ ] 3 Weekends:[ ]  Sat. [ ]  Sun. | Manpower Issues: |  |
|  | BY SHIFT |  |  |  |

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| **11**Number of Employees: |  | Annual Sales: |  | Cage Code: |  |

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| 12[ ] AS9100 [ ]  AS9120 [ ]  ISO9001 or OtherList: |  | [ ]  Certified By Accredited Registrar (Submit Copy)  |

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| **13**[ ]  Manufacturing [ ]  Assembly Shop [ ]  Distributor [ ]  Service [ ]  Special Process [ ]  Maintenance  |
| **14SUPPLIER IS RESPONSIBLE TO LIST WHAT PRODUCT OR SERVICE YOU’RE PROVIDING TO TELEDYNE CONTROLS BELOW:** |
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| 15Does your company have a process to support IT Security and Information Assurance AS9115?  | Yes [ ]  | No [ ]   | N/A [ ]   |

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| **16**IPC-A-600[ ] CIT [ ] CIS IPC-A-610 [ ] CIT [ ] CIS  | IPC-A-WHMA-620 [ ] CIT [ ] CIS [ ]  J-STD-001 Certified (Submit Copies) |

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| 17Do you have an FAA approved Drug & Alcohol Program at your facility?  | Yes[ ]  | No[ ]  | N/A[ ]  |

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| 18Please provide a copy of your current FAA and or EASA Repair Station Certificate, Ops. Spec. and evidence of an active  |
| 19Drug and Alcohol Program: Plan Number: |  | (Submit Copy) Comments: |  |

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| --- | --- | --- | --- |
| **20**List procedure or standard your company follows to ensure counterfeit part avoidance? | Yes[ ]  | No[ ]  | N/A[ ]  |
| **21**Select Specification In Compliance To: [ ] AS6081 [ ] AS5553 [ ] AS6174 [ ] ISO12931 | Other: |  |
| **22**Does your company have a part Obsolescence Program? | Yes[ ]  | No[ ]  | N/A[ ]  |
| 23Does your company have an established Quality Management System? | Yes[ ]  | No[ ]  | N/A[ ]  |
| 24Non-Certified Quality Systems**-** Do you have written procedures for the following? |  |  |  |
| 25[ ] Process Control [ ]  Product / Part Material Traceability | Yes[ ]  | No[ ]  |  |

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| **26** |  |  |  |  |  |  |
|  | Print Supplier Representative Name |  | Title |  | Date |  |
| **TELEDYNE CONTROLS COMMENTS** |
|  |
| Survey Requested By: |       | Date: |       |