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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 123 Weekends: Sat.  Sun. | | | | | | | | | | | | | | Manpower Issues: | | | | | | | |  | | | | |
|  | | | | | | | | | | BY SHIFT | | | |  | | | | | | | | | | | | | | |  | | | | | | |  | |

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

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| 12AS9100  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-600CIT 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? | | | | | |  |  |  | |
| 25Process 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: |  |