**1.0 SUPPLIER INFORMATION**

|  |
| --- |
| **Company Type [ ]** Manufacturer[ ]  Supplier[ ]  Distributor[ ]  Services |
| **Date Completed       Completed By:**  |  |
| **Company Name:** | **Phone:**  |
|  |  |
| **Street Address:** | **Fax:**  |
|  |  |
| **City, State, Province, Country, Mailing Code:** |
|  |
| **Type of Organization (sole owner, partnership, corporation, subsidiary):** |  |

|  |  |
| --- | --- |
| **Website:** |       |
| **Affiliations / Subsidiaries:** |       |
|  |
| **Sales Contact for Creation:** | **Title:** | **Phone Number:** | **E-Mail Address:** |
|       |       |       |       |
|  |
| **Quality Contact for Creation:** | **Title:** | **Phone Number:** | **E-Mail Address:** |
|       |       |       |       |
|  |  |  |  |
| **Dedicated Account Manager for Creation?** [ ]  Yes [ ]  No | **Title:** | **Phone Number:** | **E-Mail Address:** |
|       |       |       |       |

2.0 FACILITIES:

|  |  |  |
| --- | --- | --- |
| **Plant Area:** | **# of Buildings:** | **Primary Product / Commodity or Service:** |
|       | [ ]  Sq. Feet[ ]  Sq. Meters |       |       |

**3.0 OPERATIONS CAPACITY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Employees:** |  | **Is workforce unionized?**  | [ ]  Yes [ ]  No |
| **Number of Shifts:** |  |
| **Hours per Day:** |  |
| **Days per Week:** |  |
|  |
| **Overall Capacity (%):** |  |
|  |
| ***⮚ Creation may request a DETAILED Manufacturing Equipment and Process List which may include a detailed inspection equipment list.***  |
|  |

**4.0 FINANCIALS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicate your company’s ownership status:** | **[ ]  Publicly held company** | **[ ]  Privately held company** |  |

|  |  |
| --- | --- |
| **Indicate company’s Financial D&B (or equivalent financial strength ratio):** |  |

|  |  |
| --- | --- |
| **Financial** | **Shipping** |
| Payment Terms: Min NET 60  |  | Freight Terms | [ ]  EXW | [ ]  DDP | [ ]  DAP | [ ]  FCA | [ ]  TBD |
| Invoice Currency | [ ]  USD | [ ]  CAD | [ ]  CNY | FOB |       |
| Payment Method | [ ]  Check | [ ]  Wire | [ ]  Clearing | Ship Via |       |

**Annual Sales Percentages:**

**Select the industry or industries serviced by your company:**

|  |  |  |
| --- | --- | --- |
| [ ]  Commercial/Consumer Goods | [ ]  Industrial | [ ]  Aviation/Aerospace |
| [ ]  Medical | [ ]  Automotive | [ ]  Military |

[ ]  Distributor/Broker: *If this box is checked* ***skip*** *to section 8.0 and complete.*

**5.0 COMMERCIAL:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contracts and Agreements -** | **Yes** | **No** | **Comments** |
| 1. Do you provide direct contract pricing (based on annual quantity with multiple deliveries)?  | [ ]  | [ ]  |       |
| 2. Would your company enter into Long Term Agreements (LTA’s)?  | [ ]  | [ ]  |       |
| 3. Would you company enter Vendor Managed Inventory Programs (VMI)? | [ ]  | [ ]  |       |
| 4. Do you have any active Long-Term Agreements (LTA’s)? | [ ]  | [ ]  |       |

**6.0 NEW PRODUCT INTRODUCTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Development Support -** | **Yes** | **No** | **Comments** |
| 1. Do you have new product development / launch / pilot-production capability? | [ ]  | [ ]  |       |
| 2. Do you offer Engineering support for design, NPI, or ECN/PCN? | [ ]  | [ ]  |       |

**7.0 QUALITY SYSTEM:**

|  |
| --- |
| ***⮚ Supplier shall provide a copy of applicable certification(s) including the certificate number by the registrar or certifying party.***  |
| **Indicate Current Quality System Registration:** | [ ]  ISO 9001[ ]  AS9100 | [ ]  ISO 13485 [ ]  IATF 16949  |   | [ ]  Other(s), please specify:      |  |
| **Certifying Registrar:**  |       |  |
| **FDA Registration Number** |       |  |  |
| **Experience with supplying to Military**  | [ ]  ITAR | [ ]  CGD [ ]  DFAR [ ]  NADCAP | **Other Certifications:** |       |  |
| **Product Sector(s)** | [ ]  Consumer | [ ]  Medical [ ]  Aerospace [ ]  Automotive | **Other:**  |       |  |

***Indicate the PPAP elements your organization has experience with (part of normal business process) and can provide, if requested:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have Production Part Approval Process (PPAP) capabilities?** | [ ]  **Yes** | [ ]  **No** | **Comments:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a Continuous Improvement Program?** | [ ]  **Yes** | [ ]  **No** | **Comments:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a Supplier Control and Management Process?** | **[ ]  Yes** | **[ ]  No** | **Comments:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a Manufacturing Control and Inspection Process?** | [ ]  **Yes** | [ ]  **No** | **Comments:** |       |
|  |
| **Do you have a Part Cleanliness / FOD Control (Foreign Object Debris/Damage) Program?** | [ ]  **Yes** | [ ]  **No** | **Comments:** |       |

|  |  |  |
| --- | --- | --- |
| **Do you have Special Processes or Non-Destructive testing?** | **On-Site?** | **Subcontracted?** |
| **Comments:** |       | [ ]  **Yes** [ ]  **No** | [ ]  **Yes** [ ]  **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Systems -** | **Yes** | **No** | **Comments** |
| 1. Do you have experience using customer portals for planning, order confirmations, documentation uploads (engineering and quality) and visibility? | [ ]  | [ ]  |       |
| 2. Have you visited the Creation Supplier Website?<https://www.creationtech.com/suppliers/>Resources for supplier forms, training, communications, etc. | [ ]  | [ ]  |       |

**8.0 DISTRIBUTOR/BROKER INFORMATION:**

|  |  |
| --- | --- |
| **Type(s) of Products and/or Product Categories** |       |
|  |
| **Which Authorized Franchised Manufacturers are supported?** |       |

|  |  |  |
| --- | --- | --- |
| **Do you have a Supplier Control Program?** | [ ]  **Yes** [ ]  **No** |       |

|  |  |  |
| --- | --- | --- |
| **Can you provide a** C of C **or** C of A **for parts if required?** | [ ]  **Yes** [ ]  **No** |       |

|  |  |
| --- | --- |
| **Quality Representative Name:** |       |

**Warehouse Locations:**

|  |  |
| --- | --- |
| **City, State, Province, Country** | **Warehouse Size** |
|       |       | [ ]  Sq. Feet[ ]  Sq. Meters |
|       |       | [ ]  Sq. Feet[ ]  Sq. Meters |
|       |       | [ ]  Sq. Feet[ ]  Sq. Meters |

|  |
| --- |
| **Which Geographic locations can you support?** |
| [ ]  **USA** | [ ]  **Canada** | [ ]  **Mexico** | [ ]  **Asia** |

|  |  |
| --- | --- |
| **Type of Service** | **Type of Value-Added Services** |
| [ ]  Authorized Seller \*\* Program\*\*[ ]  Independent Distributor / Dealer[ ]  Broker[ ]  Other | [ ]  Kitting | [ ]  Cable Assembly | [ ]  Connector Assembly | [ ]  Mil Screening |
| [ ]  IC Programming |  [ ]  Tape and Reel |  [ ]  Other:       |
| **Value-Added Services Controlled by:** |
| [ ]  Internal Procedures | [ ]  Manufacturer Procedures |

|  |  |  |  |
| --- | --- | --- | --- |
| **Is your Storage Warehouse approved by the Defense Supply Center Columbus (DSCC)?** | [ ]  YES | [ ]  NO | [ ]  N/A |
| **Are your company’s Counterfeit Controls compliant with AS5553?** | [ ]  YES | [ ]  NO | [ ]  N/A |
| **Describe your Counterfeit/Fraudulent Product Controls (if applicable):** |       |
| **Does your company have active membership in GIDEP and issue advisories / alerts for suspected / confirmed counterfeit parts?** | [ ]  YES | [ ]  NO | [ ]  N/A |
| **% of Sales that are MIL-SPEC components:** |       |
| **To be completed by Creation Technologies**  |
|
|
| **Supplier Category / Classification** |  | Category 1 | [ ]  | Manufacturer – Custom |
|  | Category 2 | [ ] [ ] [ ] [ ]  | Distributor – IndependentManufacturer – StandardDistributor – FranchisedBroker |
|  | Category 3 | [ ]  | Services – Production |
|  | Category 4 | [ ] [ ] [ ] [ ]  | Services – LogisticsServices – Non-ProductionCustomerEngineering/Prototype (not for production) |

|  |
| --- |
| **Supply Chain Review and Approval** |
| **Name** | **Title** | **Location** | **Signature** | **Date** |
|       |       |       |       |       |

**APPROVALS**

[](http://www.arx.com/about-cosign-digital-signatures)

**HISTORY OF CHANGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revision** | **Authored/ Revised by** | **Summary of the Changes**  | **Reason for the Change** | **Effective Date (YYYY-MM-DD)** |
| B | Kelly Menze | Updated section 1.0-1.8 to simplify and clarify the form.  | General improvements | 2022-09-02 |
| A | John Gaspari | Updated manufacturing facility information, added broker to Category 2 suppliers and protype product to Category 4, added a line for supplier to report previous audit findings, removed the optional survey, added footer to direct to supplier website. Made overall clerical and formatting modifications. | Improved and added important changes for clarity | 2021-03-29 |
| 0 | John Gaspari | Updates made based on C-0001394 initially controlled on Van site, but due to status change to global and storage in All Common Docs, a new document# had to be assigned.Separated the audit questions from the questionnaire on the suppliers over all business.Added more detailed questions related to the suppliers.Updated overall health and structure by specific sections from a detailed perspective.Initial release of the document into Document Bank under C-0001394 in Van site. | Released updated and improved global version of the document based on a local procedure | 2019-12-17 |