



## SUPPLIER PROFILE

The following information is required to evaluate your company as a potential supplier or to maintain your company as an approved supplier. We appreciate your help in completing this form and returning as soon as possible to the Legacy Components representative listed below. Your prompt attention will allow us to approve you as a supplier in the fastest way possible.

**Please return this form to: ATTN: Purchasing by Fax 813-354-3525 or Email [quality@legacycomponentsnow.com](mailto:quality@legacycomponentsnow.com)**

REQUIRED INFORMATION			
Date:	Tax ID / EIN		<b>***PLEASE ATTACH W-9***</b>
	DUNS Number:		Resale Cert #

Business Name		Billing Address	
City, State		Zip Code, Country	
Main Phone Number		Main Fax Number	
Main E-mail address		Web Site Address	

*REMIT TO IF DIFFERENT FROM ABOVE*			
Business Name		Billing Address	
City, State		Zip Code, Country	
A/R Phone		A/R Fax	
A/R Contact Name		A/R Email	

Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			
Date Business Started:		Type of Business: <input type="checkbox"/> OEM <input type="checkbox"/> Distributor <input type="checkbox"/> Other _____	
Is your company currently under, or has it ever filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are there any judgements or liens? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Small Business Classification: <input type="checkbox"/> No <input type="checkbox"/> Yes / Type _____		Certified: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Number of Employees:		Facility Size (Sq.Ft.): <input type="checkbox"/> 50K+ <input type="checkbox"/> 25-50K <input type="checkbox"/> 10-25K <input type="checkbox"/> <10K	
Do you Own <input type="checkbox"/> Lease <input type="checkbox"/>			
Nature of Business: <input type="checkbox"/> Aerospace <input type="checkbox"/> Military <input type="checkbox"/> Aviation <input type="checkbox"/> Automotive <input type="checkbox"/> Other _____			
CAGE	NAICS	SIC	
<b>Please select your Scope(Select 1 or more if apply):</b> <input type="checkbox"/> A. Electronic Components <input type="checkbox"/> B. Computer Hardware <input type="checkbox"/> C. Aerospace Fasteners and Related Hardware <input type="checkbox"/> D. Raw Stock Materials <input type="checkbox"/> E. Avionics Equipment, Components, and Products <input type="checkbox"/> F. Electrical Devices & Wiring <input type="checkbox"/> G. Chemical Materials and Finishes <input type="checkbox"/> H. Non-Avionics, Non-Electrical Rotable Assemblies & Comp <input type="checkbox"/> I. Non-Avionics, Non-Electrical Non-Rotable parts & fittings <input type="checkbox"/> J. Structural Assemblies, Components & Parts <input type="checkbox"/> K. Consumables/Expendables <input type="checkbox"/> L. Aerospace Fluids <input type="checkbox"/> Q. Service/Repair			

***PLEASE LIST KEY CONTACTS IN EACH DEPARTMENT***				
Department	Name	Title	Phone Number/Ext	Email Address
Sales				
Quality				
Engineering				
Management				
President				
Accounting				
Other				

PLEASE LIST EXPIRATION DATE IF CERTIFIED, OR DATE OF AUDIT, IF IN PROCESS						
Status	ISO 9001	AS9100	AS9120A	ASA-100	TS 16949	TAC-2000
<b>Certified</b>						
<b>Compliant</b>						
<b>In Process</b>						
<b>Other Certs:</b>						

Do you have a written Counterfeit Mitigation Plan?  No  Yes  
 If yes, please describe and/or provide a copy. If no, please explain how you reduce the risk of counterfeit product. :



**IF ISO CERTIFIED, STOP HERE. ATTACH COPY OF ISO CERTIFICATION AND SUBMIT.  
 IF YOUR COMPANY IS NOT ISO CERTIFIED PLEASE CONTINUE TO COMPLETE THE  
 SUPPLIER SELF EVALUATION BELOW.**

By my signature below I certify the information contained in this Questionnaire is true and accurate to the best of my knowledge.  
 I agree to notify Legacy Components if any of the information contained on this form should change.

Signature	Name Printed
Title	Date

### SUPPLIER QUALITY QUESTIONNAIRE

Do you have procedures that document how you perform the following activities? If "YES" please provide the document reference number / identification. If "N/A" please explain in Comment Section.				
QUALITY SYSTEM	Procedure/ Comment			
1. Quality Policy / Manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
2. Documentation & Data Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3. Control of Records	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. Training Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
5. Internal Audit / Self-Inspection Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
PRODUCT REALIZATION				
6. Contract Review (Review of Customer Requirements)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
7. Design & Development Planning & Verification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
8. Process/Change Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
9. Supplier Evaluation / Qualification Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
10. Product Identification & Traceability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
11. Inspection and Testing of Incoming Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
12. Handling, Storage, & Preservation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
13. Equipment & Instrument Validation / Qualification Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
MEASUREMENT, ANALYSIS, AND IMPROVEMENT				
14. Non-Conformance Reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
15. Disposition & Segregation of Nonconforming Product	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
16. Corrective and Preventative Action	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
17. Calibration Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
18. Do you have a recall system/procedure in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
19. Inventory Management System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	



<b>LABORATORY CONTROL SYSTEM</b>				
20. Method Qualification for all assays used in Testing of Samples	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
21. Testing Reagents and Standards Controls Policy / Procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
22. Sample Retention Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
23. Out of Specification (OOS) / Retest Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
24. Availability of Analytical Raw Data Documentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
<b>ADDITIONAL COMMENTS:</b>				

I, being a Quality Assurance Representative have accurately answered the questions above to the best of my knowledge.

Signature _____	Name Printed _____
Title _____	Date _____

An on-site audit may be required by Legacy Components after review of returned questionnaire.  
 You shall be notified of the results of this audit and whether an on-site audit will be required.  
**\*\*\*Please return this questionnaire within 10 days of receipt\*\*\***

<b>LEGACY COMPONENTS AUDIT RESULTS: (INTERNAL USE ONLY)</b>				
Reviewed By:		Date:		
Approved:	<input type="checkbox"/>	Not Approved:	<input type="checkbox"/>	List Reason for No Approval Below (If Applicable)