



LEGACY COMPONENTS, LLC
 4613 N. Clark Ave.
 Tampa, Florida 33614
 (866) 77-LEGACY (53422)
 Fax: (813) 354-3525

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**

REQUIRED INFORMATION						
Date:	Tax ID / EIN		***PLEASE ATTACH W-9***			
	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		
Please select your Scope(Select 1 or more if apply): <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
Certified						
Compliant						

In Process						
Other Certs:						


**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.**

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. :

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 processes/procedures in place on how you perform the following activities?				
If "YES" and documented please provide the document reference number / identification. If "N/A" please explain in Comment				
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"/>	



LEGACY COMPONENTS, LLC
 4613 N. Clark Ave.
 Tampa, Florida 33614
 (866) 77-LEGACY (53422)
 Fax: (813) 354-3525

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"/>	

LABORATORY CONTROL SYSTEM				
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"/>	
ADDITIONAL COMMENTS:				

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*****

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