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| BY: MS DATE: 1/20/2012 |  Kodiak Aircraft Company Supplier Questionnaire Distributor | PAGE: 1 of 4 |
| CHKD: CAR DATE: 05/02/2024 | | REPORT NO.: QF 31.91 |
| RVSD: CNY DATE: 05/08/2024 | | REVISION: 01 |

SUBJECT: Instruction-Supplier Quality Questionnaire

Please furnish the information requested below to enable Kodiak Aircraft Company to confirm your company’s ability to supply goods or services to our specifications. Your prompt completion of this questionnaire will keep your company on our Approved Supplier List without interruption.

Complete and return all required pages of this survey to Kodiak Aircraft within 10 business days. If you have any questions, contact the Kodiak Aircraft Quality Auditor via email or by phone at (208) 263-1111.

1. General Information

| | |
|-------------------------------------|---------------------|
| Company Name: | |
| Address: | |
| City, State, Zip Code: | Country: |
| Phone: | Fax: |
| Division or Subsidiary of: | |
| Principal Products and/or Services: | |
| | |
| Years in Business: | Available Capacity: |

2. Key/Quality Contact Information

| Quality Dept. Head | | | |
|------------------------------|--|--------|--|
| Name: | | Email: | |
| Position: | | Phone: | |
| Secondary Contact Dept. Head | | | |
| Name: | | Email: | |
| Position: | | Phone: | |

3. References/Quality System Approvals

| REFERENCES: Tell us how to contact other companies to which you are currently supplying products, articles, and/or services. | | | |
|--|--|--------|--|
| Reference 1 | | Phone: | |
| Contact Name: | | Email: | |
| Reference 2: | | Phone: | |
| Contact Name: | | Email: | |
| Reference 3: | | Phone: | |
| Contact Name: | | Email: | |

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|----------------------------|---|----------------------|
| BY: MS DATE: 1/20/2012 |  Kodiak Aircraft Company Supplier Questionnaire Distributor | PAGE: 2 of 4 |
| CHKD: CAR DATE: 05/02/2024 | | REPORT NO.: QF 31.91 |
| RVSD: CNY DATE: 05/08/2024 | | REVISION: 01 |

| PRIOR APPROVALS | | | |
|-------------------|--|--------|--|
| Prior Approval 1: | | Phone: | |
| Contact Name: | | Email: | |
| Prior Approval 2: | | Phone: | |
| Contact Name: | | Email: | |
| Prior Approval 3: | | Phone: | |
| Contact Name: | | Email: | |

4. Quality System Standard

| Indicate any FAA approvals held by your organization: | | | | | |
|--|-------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| Repair Station: <input type="checkbox"/> | PC: <input type="checkbox"/> | TC: <input type="checkbox"/> | STC: <input type="checkbox"/> | TSO: <input type="checkbox"/> | PMA: <input type="checkbox"/> |
| Indicate any third-party certification held by your organization and provide copies of certifications: | | | | | |
| ISO 9001: <input type="checkbox"/> | AS9100: <input type="checkbox"/> | AS9120: <input type="checkbox"/> | Other: | | |
| Indicate special processes performed by your organization and provide copies of any certifications: | | | | | |
| Chem Film: <input type="checkbox"/> | Cad Plate: <input type="checkbox"/> | NDT: <input type="checkbox"/> | Heat Treat: <input type="checkbox"/> | Anodize: <input type="checkbox"/> | Welding: <input type="checkbox"/> |
| Other: | | | | | |

5. Distribution Capability

| DISTRIBUTION CAPABILITY: Tell us about your special and/or value-added processes, primary products distributed, etc. |
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6. Inspection Capability

| INSPECTION CAPABILITY: Tell us about your equipment, number of inspectors, sampling plan, calibration and process controls, etc. |
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7. Record Retention

| RECORD RETENTION: Tell us about your record retention capabilities, retention time period, methods of storage, access restrictions, etc. |
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|----------------------------|---|----------------------|
| BY: MS DATE: 1/20/2012 |  Kodiak Aircraft Company Supplier Questionnaire Distributor | PAGE: 3 of 4 |
| CHKD: CAR DATE: 05/02/2024 | | REPORT NO.: QF 31.91 |
| RVSD: CNY DATE: 05/08/2024 | | REVISION: 01 |

8. Personnel Changes

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| PERSONNEL CHANGES: Tell us about significant personnel changes over the past 12 months (if any) |
| |

| | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are your Quality organization's authority and responsibilities clearly defined in writing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your Quality organization have clear authority to withhold items that have not met acceptable quality standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your Quality organization have direct access to appropriate levels of your company's management to efficiently and effectively resolve/ correct any quality-related problems and/or conflicts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your company have and maintain a written Quality Manual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can you supply Kodiak with a copy of your written Quality Procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your Quality organization have a system for evaluation and approval of potential suppliers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your Quality organization have and maintain an Approved Supplier List? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your Quality system require that your suppliers have and employ adequate Quality programs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your company have a system for disseminating applicable technical and quality requirements to suppliers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do your purchase orders specify documentation requirements (when applicable)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your Quality organization have and maintain a receiving inspection system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do your receiving inspectors have ready access to appropriate drawings, engineering orders, specifications, vendor catalogs, purchase orders, and similar reference materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your company have and employ a positive means of identifying all raw stock? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does your company have and employ a system for age-control of items with shelf-life limitations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does your Quality organization maintain procedures that require periodic inspection an/or recalibration of all measuring devices, gauges, and other similar inspection/test equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does your company have written procedures for the handling of nonconforming materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Can you supply Kodiak with copies of raw material certifications (chemical and physical property test reports)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Can you supply Kodiak with copies of traceability records back to primary manufacturers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Can you supply Kodiak with copies of inspection records? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|----------------------------|---|----------------------|
| BY: MS DATE: 1/20/2012 |  Kodiak Aircraft Company Supplier Questionnaire Distributor | PAGE: 4 of 4 |
| CHKD: CAR DATE: 05/02/2024 | | REPORT NO.: QF 31.91 |
| RVSD: CNY DATE: 05/08/2024 | | REVISION: 01 |

9. Comments

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| COMMENTS: Tell us more information about any of the questions above (if needed) |
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10. Signature/Date

As a supplier to an aircraft manufacturer subject to FAA regulations, it is understood that a supplier's facilities, quality system, and related equipment are subject to audit by agents of Kodiak Aircraft and/or the FAA. By completing and returning this survey you are agreeing to cooperate with any such audit or inspection without additional charges to Kodiak Aircraft. Further, you are certifying that all information submitted is correct and true to the best of your knowledge.

| Submitter's Name | Submitter's Title | Date: |
|------------------|-------------------|-------|
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