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			Supplier Questionnaire		Q1 0107
RVSD:	CNY	DATE: 05/08/2024	Laboratory	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 D	Quality Dept. Head							
Name:	Email							
Position:	Phone	:						
Secondary	Contact Dept. Head	Secondary Contact Dept. Head						
Name:	Email							

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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	RVSD:	CNY	DATE: 05/08/2024	Laboratory	REVISION:	01

PRIOR APPROV	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:	PC:	TC:	STC:	TSO:	PMA:	

Indicate any third-party certification held by your organization and provide copies of certifications:						
ISO 9001:	AS9100:	AS9120:	Other:			

Indicate special processes performed by your organization and provide copies of any certifications:							
Chem Film:	Cad Plate:	NDT:	Heat Treat:	Anodize:	Welding:		
Other:							

VERIFICATION CAPABILITY: Tell us about your verification processes, primary processes performed, etc.

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: 01/20/2012	DAHER	PAGE:	3 of 3
CHKD:	CAR	DATE: 05/02/2024		REPORT NO.:	QF 31.97
RVSD:	CNY	DATE: 05/08/2024	Supplier Questionnaire Laboratory	REVISION:	01

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

5. General Questions

	Yes	No	N/A
Can you supply Kodiak with a copy of your written Quality Procedures?			
Can you supply Kodiak with copies of inspection records?			

6. Comments

COMMENTS: Tell us more information about any of the questions above (if needed)				

7. 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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