



FAA Certified Repair Station  
 Certificate No. YUTR674Y  
 ISO 9001-2008 Registered  
 AS9100 & AS9110 Registered



## NEW VENDOR APPROVAL FORM

Products and/or Services to be supplied:	
<input type="checkbox"/> FAA Part 145 Repair Station approved Contract Maintenance Function Requiring Aviation Quality Control Audit.	
Company Name: _____ Physical Street Address: _____ City: _____ ST: _____ Zip: _____ Phone: _____ Fax: _____	<b>Contacts</b> Sales/PC - _____ Quality - _____ Acct Rec - _____ Email - _____ Website - _____
<b>Certifications and Registrations</b>	
FAA Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Number: _____ Date Issued: _____
ISO9001 <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number: _____ Valid Until: _____
AS9100 <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number: _____ Valid Until: _____
AS9110 <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number: _____ Valid Until: _____
AS9120 <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number: _____ Valid Until: _____
Other: _____	Number: _____ Valid Until: _____
D & B Number: _____	Cage Code: _____ TIN: _____ Completed W-9 attached <input type="checkbox"/>
Registered with the Government's Central Contractor Registration (CCR) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed the Federal Online Registrations and Certifications Application (ORCA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Business Size and Labor Categories</b> (Check all that apply)	
<input type="checkbox"/> Large Business	<input type="checkbox"/> Disadvantaged (includes Minority-Owned)
<input type="checkbox"/> Small Business	<input type="checkbox"/> HUB Zone Business
<input type="checkbox"/> Non-Profit Business	<input type="checkbox"/> Veteran-Owned Business
<input type="checkbox"/> Foreign/Other Business	<input type="checkbox"/> Service-Disabled Veteran-Owned Business
<input type="checkbox"/> Woman-Owned Business	<input type="checkbox"/> Historical Black Colleges & Universities/Minority Institutions
Remittance Address: (If different)	Return Material Address: (If different)
Street Address: _____	Street Address: _____
P.O. Box: _____	P.O. Box: _____
City: _____ ST: _____ Zip: _____	City: _____ ST: _____ Zip: _____
Above Information <input type="checkbox"/> Initial <input type="checkbox"/> Update – Submitted by: _____ Date: _____	
<b>Vendor Evaluation</b>	
<input type="checkbox"/> Certifications/Registrations verified	<input type="checkbox"/> Customer Designated
<input type="checkbox"/> Phone Audit	<input type="checkbox"/> Prior History
<input type="checkbox"/> On-Site Audit	<input type="checkbox"/> Other (Explain)
Remarks: _____	
<b>Vendor Approval</b>	
<input type="checkbox"/> Follow-up <input type="checkbox"/> Next <input type="checkbox"/> Evaluation <input type="checkbox"/> Audit <input type="checkbox"/> Recommended <input type="checkbox"/> Required Date Due: _____	
Approved By: _____	Date: _____
Printed Name	Signature
Regulator, Customer, or Company required audit attached <input type="checkbox"/> Yes <input type="checkbox"/> No Attach any additional supporting information	