



# Prospective Supplier Questionnaire

REV:  
IR

Operations Document

Doc#: BLR-DOC-6002

Effective Date: 11/1/2021

## 1. Company Details:

Company Name:			
Address:	Contact Name:		
	Telephone:		
	e-mail:		

## 2. Organization:

Number of Employees:		Years in Business:	
Do you have a Parent Company? If so, please provide information.		Annual Revenue:	

## 3. Products, Materials and Services; Capabilities; Certifications:

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## 4. Proposed Facility Profile(s):

Manufacturing Facility Name:			
Facility Address: <small>(if different from above)</small>			
Facility Contact:			
Union/Non-Union? <small>Union Name, Contract Expiration:</small>			
Facility Size <small>(Square Feet / Square Meters):</small>			
Current Capacity % of Facility:			
Current Customers with On-time Delivery and Quality Score Ratings <small>(if applicable):</small>			
Does your facility have resources available to support Product Development/Design?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the company certified to AS9100 -or- Equivalent? (Please identify):	Yes	<input type="checkbox"/>	No <input type="checkbox"/> Equivalent <input type="checkbox"/>
Is the company certified to NADCAP and/or other approvals? If yes, please list:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you have an established Quality Assurance Manual? Please provide a copy for review.	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

 <b>BLR</b> <small>PERFORMANCE INNOVATION</small> BLR Aerospace, LLC	<b>Prospective Supplier Questionnaire</b>		<u>REV:</u> New
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**Supplier Confirmation of Supplier Questionnaire**

Signing below confirms the accuracy of the information provided in this document:

<b>Supplier Signatory Name</b>	
<b>Title</b>	
<b>Signature</b>	
<b>Date</b>	