	Title: Supplier Survey		
	Creation Date: 8/24/12	Rev. C Date: 05/11/2020	FORM
	Approved By: Scott Gross	Document. Number: FRM-0007-01	Page(s) 1 of 2

Advanced Materials Technologies, LLC

Supplier Survey

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____ Web: _____

Key Personnel:

Quality Contact: _____

Operations/Production Manager: _____

Type of Services/Processes: _____

Quality System:

Certification (attach copies) No Certification (compliant) None

Check all that apply: ISO 9000 ISO 9001 ISO 9002

AS 9100 NADCAP Other (Please specify) _____


Is your company rated by a Federal Agency? (check all that apply and send copies)

Yes No FAA EASA Other (please specify)

Agency Certificate # _____, Agency Certificate # _____

If no, do you agree to allow right of access to your facility by AMT or its' customer, and/or a regulatory body? *Please note that a no answer will prevent your company from being added to the AMT "Approved Supplier List" as this is a requirement by AS 9100 7.4.2 (i) & 7.4.3

Yes No

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		Page(s) 2 of 2

Does your company participate in an FAA approved Anti-Drug & Alcohol Prevention Program?

Yes No If yes, please send a copy of your plan approval.

Does your company have a procedure for "Supplier Control"? Yes No

Does your company have a procedure for "Raw Material Control"? Yes No

Does your company have a procedure for "Shelf Life Control"? Yes No

Does your company have a procedure for "Calibration of Measuring" devises and tools?
 Yes No

Does your company have a procedure for "Control of Non-Conforming Product"?
 Yes No

Does your company agree to notify AMT of Non-Conforming Product?
 Yes No

Does your company provide certification with shipments? Yes No

How long does your company retain production records? _____

Name of individual completing the survey _____

Title of individual completing the survey _____

Signature of individual completing the survey _____

*****Please do not write below this line*****

Date reviewed: _____ Reviewed by: _____ Title: _____

Corrective action required? Yes No

Date corrective action received _____ Attached corrective action as necessary

Approved Unapproved Reason for denying approval