SUPPLIER QUALITY SYSTEM EVALUATION FORM

NAME OF COMPANY_____

BUSINESS ADDRESS _____ POSTAL ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

Please indicate to which standard your quality system conforms:

ISO 9001 ISO 9002 ISO 9003 AS 3563 DEF(AUST) 5627 MIL-I-45208A

OTHER (Please Specify) _____

General

Describe your range of products , services and/or distributorships.	
Detail any previous surveys or audits to a quality system standard	

Approvals (including major manufacturers)

Certification Agency	Registration Number	Date of Certification

If you do not have a Quality Management System do you intend to implement one and to which Standard ?

Comments :-_____

Quality Contact

Name **Position** **Reports to** **Signed** **Date** **Position**	**Please Return To :** **Quality Leader** **Aviaquip Pty Ltd** **P.O. Box 102 Mentone Victoria Australia 3194** **Fax 613 9585 1837** **Email russell@aviaquip.com.au**

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Approved Yes No	By	Position	Date

Please provide physical evidence of Qualification / Manufacturers Authorisation with Evaluation Form.