



SPAREWAYS

SUPPLIER AUDIT APPLICATION FORM

GENERAL INFORMATION			
Company Name		Contact Name	
		Telephone	
Address		Fax	
		E-mail	

CONTACT DETAILS	
General Manager	
Sales & Contracting Manager	
Logistics Manager	
Quality Manager	
Accounting Manager	

TYPE OF BUSINESS			
Manufacturer <input type="checkbox"/>	Distributor <input type="checkbox"/>	MRO <input type="checkbox"/>	Repair Station <input type="checkbox"/>
Supplier/Stockist <input type="checkbox"/>	Part Dealer/Broker <input type="checkbox"/>	Airline <input type="checkbox"/>	Other <input type="checkbox"/>
If MRO or Repair Station: Type of Release forms available			
EASA (PART 145A50) <input type="checkbox"/>	FAA (CFR 43.9) <input type="checkbox"/>	TCCA (CAR 571.10) <input type="checkbox"/>	Other <input type="checkbox"/>

COMPANY DETAILS					
Business Years		PART 21		AS9100C	
N° of Employees		EASA 145		ISO	
N° of Quality Staff		FAR 145		TAC-2000	
		CAR 145		ASA	

Do you have an established Quality Program?	
Do you have a Quality Assurance Manual?	
Class of work undertaken, or types of components offered for sale?	

PLEASE FORWARD THE FOLLOWING	
Company Approval Certificates	
Quality Manual (if possible)	
List of approved signatures	
Other	

We hereby confirm that above "SPAREWAYS SUPPLIER POSTAL AUDIT FORM" has been reviewed and all the certificates and materials & services enclosed provided by the company to SPAREWAYS are correct. If any change happens of the above information we hereby confirmed that we are going to inform SPAREWAYS.

Signed by	
Title	

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Doc.Ref: Agreements/Supplier-application-form

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