



INITIAL NOTIFICATION OF CHANGE/ WORK TRANSFER QUESTIONNAIRE

DOC NUMBER: AC-SM100-F8

REVISION: B

PAGE: 1 of 2

A. ADMINISTRATIVE INFORMATION		
Suppliers shall utilize this form to help determine reporting requirements. <i>Note:</i> All questions must be answered. Please answer Yes or No for each item below. Submit the completed form to your <i>Applied Composites</i> procurement agent.	Work Transfer Starting Date	
	Work transfer expected completion date	

B. SUPPLIER GENERAL INFORMATION					
First Name		Last Name		Position	
Email				Contact Number	
Company Name (Actual)					
Address (Actual)					
City		State		Country	
				Zip Code	

C. STATEMENT OF WORK		Yes	No
Have you identified the work transfer statement of work?			
Have you identified the new locations?			
If yes, provide Company Name and the new address:			
Does the statement of work require any re-qualification of processes or parts? Are you anticipating any changes to your Management team at the new location?			
If answer is yes from any of the above 2 questions, please provide explanation:			

D. COMPLIANCE ASSESSMENT		Yes	No
D.1 Statement of Work			
As applicable, does the work transfer require re-certification from the regulatory authority?			
As applicable, does the work transfer require re-certification from a third party registrar?			
As applicable, does the work transfer require re-certification for special process?			
As applicable, does the work transfer require Customer (OEM) re-certification or approval?			
If answer is yes from any of the above D.1 questions, please provide explanation:			



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PAGE: 2 of 2

D.2 Work Movement		Yes	No
Is the statement of work moving within the United States (US)?			
Is the statement of work moving from the US to a Non-US country?			
Is the statement of work moving from a Non-US country to another Non-US country?			
Is the statement of work moving from a Non-US country to the US?			
Are you Outsourcing work to a sub-tier supplier?			
If answer is yes from any of the above D.2 questions, please provide explanation:			

E. QUALITY MANAGEMENT SYSTEM		
Which of the following certifications does the new business unit have? Select all that apply.		
AS9100	<input type="checkbox"/>	If selected, provide a copy of your certification.
ISO9001	<input type="checkbox"/>	If selected, provide a copy of your certification.
ISO17025	<input type="checkbox"/>	If selected, provide a copy of your certification.
NADCAP	<input type="checkbox"/>	If selected, provide a copy of your certification.
FAA Repair Station	<input type="checkbox"/>	If selected, describe your capability:
Other certificate	<input type="checkbox"/>	If selected, indicate:

F. APPLIED COMPOSITES REVIEW (TO BE COMPLETED BY SUPPLIER QUALITY OR DESIGNEE)					
Evaluate and assign transfer risk/impact level to <i>Applied Composites</i>			High	Moderate	Low
Reviewed By	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
Supplier Code	<input type="text"/>				

Comments: