

SUPPLIER EVALUATION QUESTIONNAIRE

COMPANY IDENTIFICATION

FULL LEGAL BUSINESS NAME _____

REGISTERED ADDRESS _____

DATE COMPANY STARTED _____

COUNTRY _____

TRADE LICENSE ATTACHED YES NO

CAGE CODE _____

DUNS NUMBER (if applicable) _____

ORGANIZATION/OWNERSHIP

Sole Proprietor Partnership Corporation Joint Venture

PERCENTAGE OF COMPANY OWNERSHIP

NAME	VALUE	CURRENCY	PERCENTAGE

DATE OF INCORPORATION _____ NUMBER OF YEARS IN BUSINESS _____

NUMBER OF EMPLOYEES _____ VAT REGISTRATION NUMBER _____

LIST ALL OTHER NAMES UNDER WHICH THE COMPANY HAS CONDUCTED BUSINESS, INCLUDING THE TIME PERIOD OF EACH

NAME	DATE

JURISDICTION OF INCORPORATION

UAE Owned and Operated Non-UAE Owned (specify) _____
 Emirates ID Copy of all owners (UAE registered companies) Trade License Copies

SUPPLIER EVALUATION QUESTIONNAIRE

NATIONALIZATION

_____ % UAE Nationals Employed

TYPE OF BUSINESS

- Manufacturer
 Distributor
 Service Provider
 Construction (specify grade) _____
 MRO, Repair Station
 Other (describe) _____

BUSINESS SIZE

- Small (≤ 250 employees)
 Medium (≥ 250 employees)
 Large (≤ 1000 employees)
 Enterprise (≥ 1000 employees)

ACTIVITIES AS PER TRADE LICENSE

MANAGEMENT/POINTS OF CONTACT

EXECUTIVE

NAME TITLE EMAIL PHONE

TRADE COMPLIANCE

NAME TITLE EMAIL PHONE

QUALITY ENVIRONMENT HEALTH AND SAFETY

NAME TITLE EMAIL PHONE

PRIMARY POINT OF CONTACT

NAME TITLE EMAIL PHONE

SUPPLIER EVALUATION QUESTIONNAIRE

ALTERNATE POINT OF CONTACT

NAME

TITLE

EMAIL

PHONE

FINANCE POINT OF CONTACT

NAME

TITLE

EMAIL

PHONE

LEGAL COMPLIANCE

YES

NO

		YES	NO
1.	Does your company have a compliance and business practices program/policy?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your company have an ethics program/policy?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does your company have a delegation of authority policy?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your company have a conflict of interest, gifts and gratuities policy?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does your company have an intellectual rights/confidential information protection policy?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does your company have an anti-bribery program/policy?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has your company performed government contracts in the last five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your company have export jurisdiction and classification for the products/services It provides?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your company have an export control/Trade Compliance program? If yes, please provide POC.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your company provide relevant training to the employees that includes? - Compliance with Export Control and Sanction Laws - Identification of Red Flags for possible violations and reporting	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your company perform denied/restricted party screening for customers and transactions?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is your company currently or has it been in the last three (3) years, involved in any material litigation or arbitration (plaintiff or defendant) or any regulatory	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do any of your management team/owners have a direct or indirect relationship with AMMROC?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is any member or relative of a member of the management team/owners currently or previously employed with AMMROC?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do any of your management team/owners have a direct or indirect relationship with EDIC/Lockheed Martin?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is any member or relative of a member of the management team/owners currently or previously employed with EDIC/Lockheed Martin?	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLIER EVALUATION QUESTIONNAIRE

BANK DETAILS

Account Name _____

Branch _____

Branch address _____

Account Code _____

Sort Code _____

Account Type _____

SWIFT Code _____

Currency _____

IBAN (If applicable) _____

EMPLOYEE DISTRIBUTION

Production _____ QE _____

Inspection _____ Sales _____

Engineering _____ Administration _____

Total _____

IN HOUSE CAPABILITIES

Metal Working	Special Processes	Component Manufacturing
<input type="checkbox"/> Casting	<input type="checkbox"/> Welding (certificates)	<input type="checkbox"/> Hydraulic
<input type="checkbox"/> Forging	<input type="checkbox"/> Plating	<input type="checkbox"/> Electric
<input type="checkbox"/> Machining	<input type="checkbox"/> Conversion Coating	<input type="checkbox"/> Pneumatic
<input type="checkbox"/> Sheet Metal Forming	<input type="checkbox"/> Heat Treating	<input type="checkbox"/> Electronic
<input type="checkbox"/> Tube Forming	<input type="checkbox"/> Painting	<input type="checkbox"/> Mechanical Assembly
<input type="checkbox"/> Tool/Form Making	<input type="checkbox"/> Metal Spraying	<input type="checkbox"/> Instrumentation
<input type="checkbox"/> Stamping	<input type="checkbox"/> Chemical Milling	<input type="checkbox"/> Structural Assembly
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other



SUPPLIER EVALUATION QUESTIONNAIRE

Non-Metallic Manufacturing	Service Labs	NDI
<input type="checkbox"/> Composite Lay-up	<input type="checkbox"/> Material Analysis	<input type="checkbox"/> Magnetic Particle
<input type="checkbox"/> Inspection (cured assemblies)	<input type="checkbox"/> PMEL	<input type="checkbox"/> Dye Penetrant
<input type="checkbox"/> Vacuum Forming	<input type="checkbox"/> SOAP/JOAP	<input type="checkbox"/> Radiography
<input type="checkbox"/> Bonding	<input type="checkbox"/> Tool and Gage Calibration	<input type="checkbox"/> Ultrasonic
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Eddy Current

Additional Capabilities Or Comments

List of Subcontractors/Secondary Suppliers (Subject to separate approval and/or audit by AMMROC)

Subcontractor	Process	Address

Describe Services to be supplied to AMMROC

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Form No: SCM 400-014

Revision: 01

Revision Date: 17 Jan 2018

Form Retention Schedule: 1 yr

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ACCREDITATIONS/CERTIFICATIONS

Issuing Agency	Accreditation/Certification Title

MEMBERSHIP IN INDUSTRY OR TRADE ASSOCIATIONS

Association	Address and Telephone Number

CURRENT CUSTOMERS (Able to provide a recommendation)

Company Name	Contact Name, Title, Phone Number

Does your Company operate a Continuous Improvement Program? YES NO

Does your company have a Business Continuity Plan? YES NO

SUPPLIER EVALUATION QUESTIONNAIRE

QUALITY MANAGEMENT SYSTEM

Please check appropriate box. Provide registration numbers and details of exact scope of approvals and attach certificates or provide web page links where certificates can be viewed.

Certification Body	Certification Number	Scope of Approval	Certification Body	Expiry
AS 9100 <input type="checkbox"/>				
ISO 9110 <input type="checkbox"/>				
ISO 9120 <input type="checkbox"/>				
ISO 9001: 2008 <input type="checkbox"/>				
ISO 9001: 2015 <input type="checkbox"/>				
ISO 17025 <input type="checkbox"/>				
EASA <input type="checkbox"/>				
FAA <input type="checkbox"/>				
GCAA <input type="checkbox"/>				
NADCAP <input type="checkbox"/>				
Other <input type="checkbox"/>				

IF YOUR COMPANY HAS NO FORMAL QUALITY ACCREDITATIONS

Please explain why and state your intentions and targets for accreditations

Please email completed questionnaire to supplierprofile@ammroc.ae.

Questionnaires may be returned to AMMROC in the original Ms Word format or PDF.

Following review of this questionnaire, an AMMROC Representative may contact you to make arrangements for a site visit or Quality Management System Audit. AMMROC reserves the right to verify details contained in this questionnaire. Information will be treated in strict confidence.

I hereby confirm that all information provided herein is true, accurate and correct to the best of my knowledge.

NAME

SIGNATURE

POSITION

DATE