SUPPLIER INFORMATION REQUEST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Completed by Supplier** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***GDMS Purchase Order # Initiating this Request (GDMS Buyer Name, if PO # not known/applicable):  **Supplier Site** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***Business Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***Street | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***City | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***State | |  | | | | | | | | | | | | **\***Zip | | | |  | | | | | | | | | | | | | | | |
| **\***Country | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Processor Site (if other than PO supplier)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***Business Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***Street | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***City | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***State | |  | | | | | | | | | | | | **\***Zip | | | |  | | | | | | | | | | | | | | | |
| **\***Country | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Info of Processor** | | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | |
| **\***Point of Contact | | | | |  | | | | | | | | | | | Title | | | | | |  | | | | | | | | | | | |
| **\***Phone No. |  | | | | | | Fax No. | | | | | | | |  | | | | | | **\***e-Mail: | | | | |  | | | | | | | |
| Website: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality Rep. Contact | | | | | |  | | | | Quality Rep. Phone: | | | | | | | | |  | | | | | Quality Rep. Title | | | | | |  | | | |
| **\*Description of Process(es) Requiring Approval:** (Reference GDMS drawing/specification number and specific process as referenced, if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | |  | | | | | | | | | |  | | | |  | | | | | |  |
| **\*Certifications (Check all that apply and attach a copy of certification)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SAE AS9100 | | | | | | | | |  | | Cert. No. | | | | | |  | | | Exp. Date: | | | | | | | |  | | | QA Verified |  | |
| NADCAP | | | | | | | | |  | | Cert. No. | | | | | |  | | | Exp. Date: | | | | | | | |  | | | QA Verified |  | |
| Completed by General Dynamics Quality Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approval Status** | | | | | | | | **Approval Method**  Certification #:       Expiration Date: | | | | | | | | | | | | | | | | | Date of Evaluation: | | | | | | | | |
| Evaluator: | | | | | | | | |
| **Notes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |