



INITIAL NOTIFICATION OF CHANGE/ WORK TRANSFER QUESTIONNAIRE

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REVISION: A

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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 Composite Structures</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 <i>(Actual)</i>					
Address <i>(Actual)</i>					
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 <i>Company Name</i> 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 <i>at the new location</i> ?			
<i>If answer is yes from any of the above 2 questions, please provide explanation:</i>			

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?			
<i>As applicable, does the work transfer require Customer (OEM) re-certification or approval?</i>			
<i>If answer is yes from any of the above D.1 questions, please provide explanation:</i>			

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?			
<i>If answer is yes from any of the above D.2 questions, please provide explanation:</i>			

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

F. APPLIED COMPOSITE STRUCTURES REVIEW (TO BE COMPLETED BY SUPPLIER QUALITY OR DESIGNEE)					
Evaluate and assign transfer risk/impact level to <i>Applied Composite Structures</i>			High	Moderate	Low
Reviewed By		Date		Signature	
Supplier Code					

Comments: