NAC design & distribution solutions

F-840-001
Supplier Survey

INCOMPLETE SURVEYS MAY RESULT IN VENDOR DISQUALIFICATION

IMPORTANT! Please include a copy of your IRS Form W-9 and any applicable certifications with this survey

Primary Address	REMIT PAYMENT ADDRESS (If different from primary)
Legal Business Name:	Dba Name:
Street:	Street:
City/State/Zip:	City/State/Zip:
Point of Contact Name:	**Accounting Point of Contact Name:**
Title:	Title:
Email:	Email:
Phone:	Phone:
Fax:	Fax:
Quality Point of Contact Name:	Email:

Cage Code:	**DUNS:**	**ITAR Registered:** ☐ Yes ☐ No

Terms Offered to NAC: ☐ Net Terms: _____ ☐ COD ☐ Credit Card ☐ In Advance: _____ ☐ Other: _____

Total # of employees:	Full-Time:	Part-Time:	Management:	Sales:	Quality/Inspection:	Other:

Supplier Type:

☐ OCM/OEM ☐ Authorized Distributor ☐ E-commerce Company
☐ Certified Remanufacture/Repair Facility ☐ Independent Distributor ☐ Other (not listed):_____
☐ Service Company ☐ Hybrid Distributor (Authorized and Independent)

CMMC Assessment Level:

☐ Self Assessed Level 1 ☐ Self Assessed Level 2 ☐ Certified Third Party Assessed ☐ No Assessment
☐ POAM & Projected Completion Date_____ Date: Projected Third Party Certification _____
Current Assessment Score: _____

Can you provide a copy of or link to your standard terms and conditions? ☐ Yes ☐ No
Do you warranty your products? ☐ Yes ☐ No If yes, how long? _____
What is your return policy? _____

Are you affiliated with, or members of, any industry or trade groups (GIDEP, ERAI, IDEA, etc.)?
☐ Yes ☐ No
List: _____

Are you certified to any QMS/International standards (ISO 9001, AS9100, ISO 13485, ISO/TS16949, ANSI/ESD S20.20, etc..)?
☐ Yes ☐ No List: _____

Do you have a documented counterfeit mitigation/avoidance plan? ☐ Yes ☐ No
If yes, is it compliant/certified to any standard such as AS5553, AS6081 or AS6174 ☐ Yes ☐ No
If yes, which one? _____ (if certified, please provide copy of certification)

IF YOU INDICATED YOU ARE CERTIFIED TO A QMS/INTERNATIONAL STANDARD ABOVE, YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS SURVEY. PLEASE SKIP TO THE SIGNATURE PAGE AND ATTACH A COPY OF YOUR CERTIFICATION/S AND YOUR W-9 TO YOUR RESPONSE.

Quality Survey

Do you have a documented Quality Manual: ☐ Yes ☐ No

Do you have documented procedures for:

Inspection/Measurement/Test ☐ Yes ☐ No

Calibration ☐ Yes ☐ No

Non-conforming Product ☐ Yes ☐ No

Training ☐ Yes ☐ No

Design Control ☐ Yes ☐ No

Process Control ☐ Yes ☐ No

Corrective Action ☐ Yes ☐ No

Contract Review ☐ Yes ☐ No

Document Control ☐ Yes ☐ No

Handling/Storage/Packaging ☐ Yes ☐ No

Internal Audits ☐ Yes ☐ No

Management Review ☐ Yes ☐ No

Is your facility (including product storage/handling areas) climate controlled? ☐ Yes ☐ No

Do you ensure product is separated (non-conforming, RoHS, new, over-hauled, etc.)? ☐ Yes ☐ No

Do you have an approved supplier List? ☐ Yes ☐ No

Do you flow down customer purchase order requirements to your sub-tier suppliers? ☐ Yes ☐ No

Will Certificates of Conformance be included with each shipment? ☐ Yes ☐ No

Do you have Professional Liability / Product Recall Insurance? ☐ Yes ☐ No

Do you maintain manufacturer's certifications, traceability documentation, test and inspection data, etc..?

☐ Yes ☐ No

If yes, for how long?

Are you able to meet specific product requirements (Date Codes, Packaging, Manufacturer, etc..) ☐ Yes ☐ No

Briefly describe any steps taken to verify the quality of product prior to shipment to the customer:

Comments (any additional information we should know):

NAC Group, Inc. reserves the right to verify information provided. All information will be treated in confidence

Please indicate which documentation is being supplied with this survey:		
W-9	☐ Yes	☐ No
Terms and Conditions	☐ Yes	☐ No
Copies of Quality System Certifications	☐ Yes	☐ No

CERTIFICATION: As an authorized representative of the company, I certify that to the best of my knowledge and belief, the above information is accurate, complete, and current as of the date shown below.

Name **Title**

Signature **Date**

Please return completed form and attachments to survey@nacsemi.com

Questions? Please contact survey@nacsemi.com

For internal use by NAC Group, Inc.		
W-9 Included ☐ Yes ☐ No	T&C's Included ☐ Yes ☐ No	QMS Certification ☐ Yes ☐ No
Is Supplier Reported on ERAI and/or GIDEP? ☐ Yes ☐ No	Reason:	
Supplier Classification: ☐ 1C ☐ 2C ☐ 3C ☐ 4C ☐ 5C ☐ 6C ☐ 7C ☐ 8C		
Supplier Qualifications: ☐ 1Q ☐ 2Q ☐ 3Q ☐ 4Q ☐ 5Q ☐ 6Q ☐ 7Q		
Supplier Grade: ☐ A ☐ B ☐ C ☐ D ☐ F ☐ S = Type: ☐ Test ☐ Packing ☐ RP/OH ☐ Other		
Recommendation: ☐ Approved ☐ Unapproved ☐ Conditional Approval		
Conditional Approval Comments:		
Reviewed By: Name: Title: Date:		