



Advanced Auto Trends, Inc. Subcontractor Survey

Subcontractor

Name: _____
 Address: _____
 City, State, Zip: _____
 Company Website: _____
 Phone: _____ Fax: _____
 Main Contact: _____ E-mail Address: _____
 Second Contact: _____ Email Address: _____

Quality Systems (Please send a copy of all Quality Certificates)

Are you certified to a Quality System? Yes _____ No _____
 If Yes – What System? _____
 If No – Are you pursuing registration? Yes _____ No _____
 Which System? ISO _____ TS _____ Other _____
 Target Date for Completion? _____
 Do you presently have a Quality Manual? Yes _____ No _____

Does your company have procedures for:

- *Gage controls and calibrations* Yes _____ No _____
- *Inspection and Testing* Yes _____ No _____
- *Document and Data Control* Yes _____ No _____
- *Production Part Approval Process (PPAP)* Yes _____ No _____
- *Advanced Product Quality Planning (APQP)* Yes _____ No _____
- *Accredited Laboratories usage* Yes _____ No _____
- *Lab Accreditation* A2LA _____ GP-10 _____ Other _____

This section only applies to minority owned companies in the United States

Please fill out the following:

Minority Designation Asian American African American
 Hispanic American Indian American
 Native American Other

Regional Council _____
 Certification Number _____
 Duns Number _____

Please Fax or e-mail completed surveys and all certificates to:

Advanced Auto Trends, Inc.

ATTN: Kelly Johnson (248) 628-2210 or e-mail

kellyj@advancedautotrends.com

If any questions please contact Kelly at (248) 628-4850 ext. 200