



**AVIATION INFLATABLES INC.**  
1655 Northwest 136<sup>th</sup> Avenue, Bldg. M, Sunrise, FL 33323  
Phone: 954-749-3500, Fax: 954-749-3050  
FAA Repair Station # ZVQR166B

## Supplier Audit Survey

Aviation Inflatables, Inc., is in the process of updating our approved suppliers' list to comply with FAA regulations. We request that you fill out the information below and supply copies of your certificates (FAA, ASA, ISO, etc.). Please return it to us via mail, fax, or e-mail within 15 days of receipt to remain on our approved supplier list.

Aviation Inflatables, Inc.  
Attn: Quality Manager  
1655 Northwest 136<sup>th</sup> Avenue, Bldg. M  
Sunrise, FL 33323  
Phone : (954) 749-3500 Fax : (954) 749-3050  
E-mail : nasim@av-inflatables.com

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Quality Standard:

<input type="checkbox"/> FAA Approved	<input type="checkbox"/> ISO 9001	<input type="checkbox"/> AS 9120
<input type="checkbox"/> ISO 9000	<input type="checkbox"/> ISO 9100	<input type="checkbox"/> AC 00-56 A/B
<input type="checkbox"/> Other : _____		

Describe the nature of your business and product:

\_\_\_\_\_  
\_\_\_\_\_

Number of Inspection Personnel: \_\_\_\_\_ Number of Production Personnel: \_\_\_\_\_

Total number of employees: \_\_\_\_\_

Contact Personnel:

Name:	E-Mail Address:	Title:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of person in charge of quality:

Printed Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Please include copies of all documents/certificates.**

**For Aviation Inflatables Use Only:**

☐ Approved ☐ Not Approved

Next Audit Due: \_\_\_\_\_ QC Rep. \_\_\_\_\_