



Supplier/Vendor/Repair Agency Self Evaluation Questionnaire

| | | | |
|--|-----------|--------------------|-------------------------|
| Name of Company: EMC AEROSPACE, INC. | | | Telephone: 954-316-6015 |
| Billing Address: 570 NE 185 TH STREET | | | Fax: N/A |
| City: NORTH MIAMI BEACH | State: FL | Postal Code: 33179 | Country: UNITED STATES |

1. General Information

Type of Business (please indicate below):

Repair Station

Parts Distributor

OEM

Calibration Services

Others (please state): PARTS BROKER

List primary services/products to be provided to: **E.M.C. Aerospace, Inc.**

1. MRO ON CLASS I, II, AND III ACCESSORIES (CLASS RATINGS)

2. LIMITED NON-DESTRUCTIVE INSPECTION

3. PARTS SALES

4.

5.

Regulatory Approval

Yes

No

N/A

Is your company approved by any aviation regulatory authority?

If Yes, list the certificate approval number, expiration date and attach photocopy of each certificate.

| Aviation Regulatory Authority | Certificate Approval No. | Expiration Date |
|---------------------------------------|--------------------------|-----------------|
| FEDERAL AVIATION ADMINISTRATION | E2PR084Y | INDEFINITE |
| EUROPEAN UNION AVIATION SAFETY AGENCY | EASA.145.5274 | NOV. 30, 2026 |
| CIVIL AVIATION AUTHORITY OF THE UK | UK.145.50320 | DEC. 16, 2026 |
| DIRECTORATE GENERAL OF CIVIL AVIATION | DGCA 145F-855 | JUL. 14, 2027 |

Drug & Alcohol

Yes

No

N/A

Do you have an FAA approved and active anti-drug and alcohol misuse prevention program (A449 and/or Registration)?

Have you ever been audited by any regulatory authority or customer previously?

If yes, who conducted the last audit and when? FEDERAL AVIATION ADMINISTRATION ON DEC. 18, 2024



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| 2. Personnel | | |
|---|-------------------------|------------------------------------|
| Accountable Manager: MIKE LOPEZ | Telephone: 954-316-6015 | Email: MLOPEZ@EMCAEROSPACE.COM |
| Operations Manager: JESSE MONSERRAT | Telephone: 954-316-6015 | Email: JESSE@EMCAEROSPACE.COM |
| Quality Manager: MIKE LOPEZ | Telephone: 954-316-6015 | Email: MLOPEZ@EMCAEROSPACE.COM |
| Sales Manager: APRIL PALOOR | Telephone: 954-316-6015 | Email: APRIL@EMCAEROSPACE.COM |
| Repairs Manager: ERICKA ARAUJO | Telephone: 954-316-6015 | Email: EARAUJO@EMCAEROSPACE.COM |
| Accounting Manager: CHRISTINE MONSERRAT | Telephone: 954-316-6015 | Email: ACCOUNTING@EMCAEROSPACE.COM |
| Total number of employees: | 17 | |
| Number of production staff: | 09 | |
| Number of quality staff: | 03 | |

| 3. Facilities | Facility 1 | Facility 2 | Facility 3 | Facility 4 | Facility 5 | Facility 6 |
|-------------------------|------------|------------|------------|------------|------------|------------|
| Number of facilities: | 01 | N/A | N/A | N/A | N/A | N/A |
| Total area of facility: | 42,000 | N/A | N/A | N/A | N/A | N/A |

| | Yes | No | N/A |
|---|-------------------------------------|----|-----|
| Are all shipments shipped to the billing address? | <input checked="" type="checkbox"/> | | |
| If no, state warehouse location(s) below: | | | |
| 1. N/A | | | |
| 2. N/A | | | |
| 3. N/A | | | |

IF YOU ARE NOT AN MRO (SUPPLIER, BROKER, ETC) OR ARE AN MRO THAT IS ISO ACCREDITED, PLEASE SKIP THE QUESTIONNAIRE (SECTIONS 4 THROUGH 10) AND IN LIEU, PROVIDE US WITH YOUR CURRENT CERTIFICATION OF ACCREDITATION



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| 4. Housing and Facilities | Yes | No | N/A |
|--|-------------------------------------|----|-----|
| Is the facility of adequate size to house all necessary tooling, equipment, material, and parts to perform work? | <input checked="" type="checkbox"/> | | |
| Does the housing adequately protect parts, materials, and customer units from damage, theft, and contamination? | <input checked="" type="checkbox"/> | | |
| Is the environment appropriate to protect workers so that the quality of workmanship is not impaired by physical efficiency? | <input checked="" type="checkbox"/> | | |
| Does the facility have adequate lighting? | <input checked="" type="checkbox"/> | | |
| Do shipping and receiving areas have adequate space, lighting, shelving, security, and fire protection? | <input checked="" type="checkbox"/> | | |
| Is there adequate and appropriate storage space to safely store customers' shipping containers and protect them from damage? | <input checked="" type="checkbox"/> | | |
| Is the work area, including supervisors' offices, clean? | <input checked="" type="checkbox"/> | | |
| Are storage facilities separated from shop and work areas? | <input checked="" type="checkbox"/> | | |
| Does the facility provide adequate protection of parts in work? E.g., filtered air or clean room depending on type of part. | <input checked="" type="checkbox"/> | | |
| Temperature Control/Air Conditioning? | <input checked="" type="checkbox"/> | | |
| Humidity Control? | <input checked="" type="checkbox"/> | | |
| Security? | <input checked="" type="checkbox"/> | | |

| 5. Personnel Training and Qualifications | Yes | No | N/A |
|--|-------------------------------------|----|-----|
| Is there a documented training program? | <input checked="" type="checkbox"/> | | |
| Does the training include all mechanics, inspectors, and technical supervisors? | <input checked="" type="checkbox"/> | | |
| Is formal and OJT training documented? | <input checked="" type="checkbox"/> | | |
| Is there a system to re-qualify these personnel periodically (e.g., through re-current training, medical examination, etc) to ensure currency of approvals? What is the interval of recurrent training? <u>MONTHLY</u> | <input checked="" type="checkbox"/> | | |
| Are inspectors required to be specifically certified? If yes, by whom? <u>FAA REPAIRMAN CERTIFICATES</u> | <input checked="" type="checkbox"/> | | |
| Are there nominated inspectors approved to carry out specialized processes (e.g., welding, NDT, etc.)? | <input checked="" type="checkbox"/> | | |
| Are there nominated inspectors approved to issue Authorized Released Certificates, Certificates of Conformity or equivalent, for new or reworked parts? | <input checked="" type="checkbox"/> | | |
| Are training records maintained for each inspector and production staff? What is the duration of storage? <u>3 YEARS AFTER END OF EMPLOYMENT</u> | <input checked="" type="checkbox"/> | | |
| Does the quality department maintain a roster of signatures of authorization holders? | <input checked="" type="checkbox"/> | | |
| Are personnel knowledgeable in CMM and regulatory manuals? | <input checked="" type="checkbox"/> | | |
| Are personnel using the required manuals in the work area? | <input checked="" type="checkbox"/> | | |



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| 6. Tools and Equipment | Yes | No | N/A |
|--|-------------------------------------|----|-----|
| Are there adequate tools and equipment available to perform all the tasks undertaken by the Company? If No, provide details. Attach additional sheets, as necessary. | <input checked="" type="checkbox"/> | | |
| Are all tools and equipment available in accordance with OEM/CMM requirements? If no, provide details. Attach additional sheets, as necessary. | <input checked="" type="checkbox"/> | | |
| Is there a tool calibration program? | <input checked="" type="checkbox"/> | | |
| Are all precision measuring tools/instruments used in the various processes calibrated? If yes, state reference standard: <u>NIST</u> | <input checked="" type="checkbox"/> | | |
| Are standards used to calibrate tools traceable to the controlling government agency, e.g. The National Institute of Standards and Technology? | <input checked="" type="checkbox"/> | | |
| Is there a person, by title, responsible for the tool calibration program? If yes, provide designation: <u>QUALITY MANAGER</u> | <input checked="" type="checkbox"/> | | |
| Are all calibrated measuring and test equipment marked to indicate calibration status and date of next calibration? | <input checked="" type="checkbox"/> | | |
| Is the calibration status of the tools/equipment being used apparent to the user? | <input checked="" type="checkbox"/> | | |
| Is the calibration frequency in accordance with the equipment manufacturer's instructions? If not, is there an acceptable alternative procedure? | <input checked="" type="checkbox"/> | | |
| Is there a procedure for controlling and/or preventing out-of-service and due-for-calibration tools and equipment from being used? | <input checked="" type="checkbox"/> | | |
| Is production or inspection staff allowed to maintain personal measuring and test equipment and tools? | <input checked="" type="checkbox"/> | | |
| Are personal tools and measuring equipment covered under the calibration system? | <input checked="" type="checkbox"/> | | |
| Are the tools & test equipment in a serviceable condition? | <input checked="" type="checkbox"/> | | |
| Did a sample check of the calibrated tooling indicate that the tooling is within calibration? | <input checked="" type="checkbox"/> | | |
| Are historical records of calibration, containing repair, and calibration accuracy data available on file? | <input checked="" type="checkbox"/> | | |
| Do records show date calibrated? | <input checked="" type="checkbox"/> | | |
| Do records identify individual or vendor that performed calibration or check? | <input checked="" type="checkbox"/> | | |
| Do records show calibration due date? | <input checked="" type="checkbox"/> | | |
| Do records contain a calibration certificate for each item calibrated by an outside agency? | <input checked="" type="checkbox"/> | | |
| Do records provide details of adjustments and repairs? | <input checked="" type="checkbox"/> | | |
| Do records show the P/N and S/N of the standard used to perform the calibration? | <input checked="" type="checkbox"/> | | |
| Are fluid dispensing cans and servicing units properly identified and stored? | <input checked="" type="checkbox"/> | | |
| Is there a maintenance program for servicing units and equipment? | <input checked="" type="checkbox"/> | | |



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| 7. Material & Parts Storage, Inspection and Control | Yes | No | N/A |
|--|-------------------------------------|----|-------------------------------------|
| Is there a specially designated area for handling incoming parts? | <input checked="" type="checkbox"/> | | |
| Are procedures available for performing incoming inspections? If yes, are records of incoming inspections kept? | <input checked="" type="checkbox"/> | | |
| Are acceptable sampling procedures adequate to ensure quality? | <input checked="" type="checkbox"/> | | |
| Is there a quarantine area for rejected parts and materials awaiting disposition? | <input checked="" type="checkbox"/> | | |
| Is there a system for material review and evidence of proper action taken on non-conformance parts and materials? How long are records retained? <u>3 YEARS</u> | <input checked="" type="checkbox"/> | | |
| Are there a clearly identified means of segregating discrepant incoming parts from serviceable spares? | <input checked="" type="checkbox"/> | | |
| Is there a system in place for batching of in-coming parts and allocating batch numbers for traceability? | <input checked="" type="checkbox"/> | | |
| Are all parts stored in specifically identified and secure storage areas, with restricted access? | <input checked="" type="checkbox"/> | | |
| Is there an acceptable procedure to identify customer's parts? | <input checked="" type="checkbox"/> | | |
| Are parts & material properly protected from damage and deterioration? | <input checked="" type="checkbox"/> | | |
| Are flammable, toxic, or volatile materials properly identified & stored? | <input checked="" type="checkbox"/> | | |
| Is there a designated store available for temperature/humidity sensitive parts/materials? | <input checked="" type="checkbox"/> | | |
| Are procedures available for monitoring and controlling life-limited parts/materials? | <input checked="" type="checkbox"/> | | |
| Are there procedures in place for re-validating the life of shelf-life expired materials? | | | <input checked="" type="checkbox"/> |
| Do parts in bin match part number on bins? | <input checked="" type="checkbox"/> | | |
| Are oxygen and other high-pressure bottles correctly identified and stored? | <input checked="" type="checkbox"/> | | |
| Are sensitive parts and equipment (oxygen parts, O-rings, electrostatic sensitive devices, etc.) properly packaged, identified, and stored to protect from damage & contamination? | <input checked="" type="checkbox"/> | | |
| Are facilities available for the handling of Electro-Static Discharge Sensitive (ESDS) parts and equipment? | <input checked="" type="checkbox"/> | | |
| Are non-aircraft parts (e.g., ground equipment) stored in the same area as aircraft parts? | | | <input checked="" type="checkbox"/> |
| Are records maintained for all parts issued out of the storage areas? | <input checked="" type="checkbox"/> | | |
| Are facilities available to ensure that all components and parts are adequately packed to prevent damage, prior to shipping? | <input checked="" type="checkbox"/> | | |
| Do the work records contain the following? | | | |
| Description of work performed? | <input checked="" type="checkbox"/> | | |
| Date of work completion? | <input checked="" type="checkbox"/> | | |
| Parts used? | <input checked="" type="checkbox"/> | | |
| Tests results? | <input checked="" type="checkbox"/> | | |



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|---|-------------------------------------|--|--|
| Identity of person performing work? | <input checked="" type="checkbox"/> | | |
| Identity of person inspecting work? | <input checked="" type="checkbox"/> | | |
| Signature, certificate number, and approval certificate of person returning article to service? | <input checked="" type="checkbox"/> | | |

| 8. Shelf-Life Program | Yes | No | N/A |
|---|-------------------------------------|----|-----|
| Is there a documented shelf-life program? | <input checked="" type="checkbox"/> | | |
| Does the program list part and materials that have shelf-life limits? | <input checked="" type="checkbox"/> | | |
| Does the program assign program responsibility to a specific person by title? | <input checked="" type="checkbox"/> | | |
| Does the shelf item have the shelf-life expiration limit displayed? | <input checked="" type="checkbox"/> | | |
| Is there an adequate system to assure that no item will be issued or used past its expiration date? | <input checked="" type="checkbox"/> | | |
| Are items sampled for shelf life within limits? | <input checked="" type="checkbox"/> | | |

| 9. Technical Publications and Worksheets | Yes | No | N/A |
|---|-------------------------------------|----|-----|
| Are manuals and other reference documents required to perform contracted/parts distribution activities available? | <input checked="" type="checkbox"/> | | |
| Are engineering drawings provided by customers controlled, and kept current? | <input checked="" type="checkbox"/> | | |
| Are the applicable ADs and manufacturer's Repair/Overhaul Manuals and Service Bulletins available or easily accessible in the work area? | <input checked="" type="checkbox"/> | | |
| Is there a system in place to maintain manuals, reference documents and technical data current? | <input checked="" type="checkbox"/> | | |
| Are there established approved procedures controlling revisions in manuals deviating from OEM specifications? e.g., EO or EA. | <input checked="" type="checkbox"/> | | |
| Is there a specific individual, by title, responsible for the Technical Data Program? | <input checked="" type="checkbox"/> | | |
| Are there adequate viewing devices and they are in good condition for viewing the technical data? | <input checked="" type="checkbox"/> | | |
| Are there records of manual revisions? | <input checked="" type="checkbox"/> | | |
| Are manual revisions up to date? | <input checked="" type="checkbox"/> | | |
| Is there a system to control working copies of manuals to ensure they are revised with the masters? | <input checked="" type="checkbox"/> | | |
| Is technical data stored in a manner that will protect it from dirt & damage? | <input checked="" type="checkbox"/> | | |
| Are worksheets & task cards used to provide work/process instructions? | <input checked="" type="checkbox"/> | | |
| Are these worksheets/task cards checked regularly for accuracy against OEM's data? | <input checked="" type="checkbox"/> | | |
| Do worksheets & task cards contain data or work instructions not found in OEM's publications? If yes, state sources of additional data: DER'S, PMA'S, EO'S, POLICY SHEETS, ETC. | <input checked="" type="checkbox"/> | | |



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| 10. Quality System | Yes | No | N/A |
|--|-------------------------------------|----|-------------------------------------|
| Is there an established Quality Control Program? | <input checked="" type="checkbox"/> | | |
| Are Quality/Inspection Procedure Manuals available and accessible for reference by inspection personnel? | <input checked="" type="checkbox"/> | | |
| Does manual detail duties, responsibilities, and reporting relationship of the QA/QC department? | <input checked="" type="checkbox"/> | | |
| Is the Quality Manual revised/reviewed regularly to ensure adherence to industry/regulatory authority's requirements? If yes, state frequency: <u>YEARLY</u> | <input checked="" type="checkbox"/> | | |
| Is there an acceptable system for controlling stamps for both inspection and production personnel? | | | <input checked="" type="checkbox"/> |
| Is the QA department independent from production responsibilities? | <input checked="" type="checkbox"/> | | |
| Do the following inspection functions exist? | | | |
| 1. Receiving Inspection | <input checked="" type="checkbox"/> | | |
| 2. Preliminary Inspection | <input checked="" type="checkbox"/> | | |
| 3. Hidden inspection | <input checked="" type="checkbox"/> | | |
| 4. In-Process Inspection | <input checked="" type="checkbox"/> | | |
| 5. Final Inspection | <input checked="" type="checkbox"/> | | |
| 6. Customer Review | <input checked="" type="checkbox"/> | | |
| 7. Non-destructive Testing/Inspection | <input checked="" type="checkbox"/> | | |
| Are inspection records retained? State period of retention: <u>3 YEARS</u> | <input checked="" type="checkbox"/> | | |
| Are inspection records available for examination by customers? | <input checked="" type="checkbox"/> | | |
| Is a list of sub-contractors and approved vendors being maintained? | <input checked="" type="checkbox"/> | | |
| Do you ensure that sub-contractor quality meets customer specifications and legal requirements? | <input checked="" type="checkbox"/> | | |
| Is there a procedure for reporting defects or un-airworthy conditions to the customer and the regulatory authorities (CAA UK, DGCA, EASA, and FAA)? | <input checked="" type="checkbox"/> | | |
| Is there a system of qualifying inspectors who can perform duplicate inspections (RII)? | | | <input checked="" type="checkbox"/> |
| Is a list of RII items that each inspector is authorized to inspect being maintained? | | | <input checked="" type="checkbox"/> |
| Are required inspections (RII) for customers being performed? | | | <input checked="" type="checkbox"/> |
| Is there a documented Audit plan/program? | <input checked="" type="checkbox"/> | | |
| Are internal audits on the organization's quality system functions conducted? | <input checked="" type="checkbox"/> | | |



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|--|-------------------------------------|--|--|
| Are external audits on your vendors and sub-contractors conducted? | <input checked="" type="checkbox"/> | | |
| Are procedures in place to investigate and correct the root cause of the discrepancies revealed by internal audits and external auditors? | <input checked="" type="checkbox"/> | | |
| Are the findings of internal audits, and external auditors, reviewed by the organization's senior management? | <input checked="" type="checkbox"/> | | |
| Is there an established procedure to provide corrective action for discrepancies noted during repair/overhaul? | <input checked="" type="checkbox"/> | | |
| Is traceability certification on all parts and raw materials being maintained? | <input checked="" type="checkbox"/> | | |
| Is there a documented procedure for handovers of uncompleted work? | <input checked="" type="checkbox"/> | | |
| Is there a system in place to ensure that all components are tagged and identified during all phases of operation? | <input checked="" type="checkbox"/> | | |
| Is there a documented procedure to ensure that scrapped parts do not re-enter the production system e.g., either returning scrapped parts to their owner or to mutilate them by drilling, grinding, cutting, or other appropriate means? | <input checked="" type="checkbox"/> | | |
| Are the part and serial numbers of scrapped/mutilated parts recorded? | <input checked="" type="checkbox"/> | | |
| Does the vendor's manual identify the person responsible for mutilating scrapped parts? | <input checked="" type="checkbox"/> | | |

| 11. Misc. Company Information | | |
|-----------------------------------|---|-------------------|
| FedEx Account Number: 2194-9733-4 | Other Carrier/Freight Forwarder Name: N/A | |
| UPS Account Number: 309-E96 | Account Number: N/A | Contact Name: N/A |
| DHL Account Number: N/A | Phone: N/A | Email: N/A |

| | | | |
|--|--|-----------------------------|-------------|
| What email address should we send invoices to? | | ACCOUNTING@EMCAEROSPACE.COM | |
| Federal Tax ID Number (Please provide a copy of W-9) | 37-1976207 | Duns and Bradstreet Number | 018-20-3466 |
| Sales and Use Tax Number (Please provide a copy of certificate) | 23-8018-139267-6 | Cage Code Number | 83KQ6 |
| Bank Name | BANKUNITED, N.A. | | |
| Bank Address | 2500 NORTH FEDERAL HIGHWAY, LIGHTHOUSE POINT, FL 33064 | | |
| Routing Number | 267090594 | Account Number | 9855971800 |
| Account Name | EMC AEROSPACE INC | Swift | BUFB US 3M |



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| 11. Misc. Company Information (Continued) | Yes | No | Case by Case |
|---|-----|----|-------------------------------------|
| Do you accept PMA parts? | | | <input checked="" type="checkbox"/> |
| Do you accept DER repairs? | | | <input checked="" type="checkbox"/> |
| Do you accept Fabricated Parts per FAB QCM (AC 43-18) | | | <input checked="" type="checkbox"/> |

I HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

| | |
|---|-------------------------------|
| Print Name of Person Completing Form: MIKE LOPEZ | Title: ACCOUNTABLE/QC MANAGER |
| Signature: MIKE LOPEZ | Date: JAN. 02, 2025 |

For Internal Use Only:

| | Yes | No | N/A |
|--|-----|----|-------|
| <i>If Vendor works from a capability list, did vendor supply E.M.C. Aerospace, Inc. with a capability list if "No" check off Unacceptable in the following block below</i> | | | |
| Recommend Approval of Supplier / Vendor / Repair Agency | | | |
| Corrective Action Required Prior To Approval | | | |
| Continuance of Service by Supplier / Vendor / Repair Agency Contingent Upon Completion of Required Corrective Action by Date in next block (Discrepancy List Attached) | | | Date: |
| Follow Up Required | | | |
| Unacceptable | | | |
| Comments: N/A | | | |
| Auditor Signature: | | | Date: |