



VENDOR INFORMATION

Name of company: AVIATION AIRMOTIVE, INC.		Telephone: +1-786-573-2622			
Address: 14137 SW 119th AV.		Fax number: +1-786-513-0773			
City, state, zip: Miami, Florida, 33186		AOG phone: +1-786-573-2622			
Doing business as: Broker		Website address: www.aviationairmotive.com			
Length of time in business: 30 years		Email : sales@aviationairmotive.com / accounting@aviationairmotive.com			
Employer identification number (tax id):	65-0537318	Cage code:	3FS77		
Total number of employees: 14	Qa 1	Production 2	Sales 9	Purchasing 2	Total 14
Number of buildings: Four (3)	Subsidiaries: none				

Company contacts

Title:	Name:	Phone:	Ext.	Fax:
President/CEO:	Stephen Moy Sagrott	+1-786-573-2622	400	+1-786-513-0773
Quality manager:	Mark James Bowden	+1-786-573-2622	302	+1-786-513-0773
Business development:	Frances García	+1-786-573-2622	301	+1-786-513-0773
Finance department:	Frances García/Fabiola Paz	+1-786-573-2622	301/314	+1-786-513-0773
Sales:	sales@aviationairmotive.com	+1-786-573-2622	302, 303, 304, 309, 312, 313, 315	+1-786-513-0773

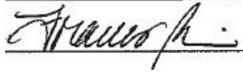
Company quality system

Do you have an approved quality system? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If yes, by whom:	ASA
Type of business:	<input type="checkbox"/> manufacturer/OEM <input checked="" type="checkbox"/> distributor/broker <input type="checkbox"/> 145 repair facility-FAA/JAA/CAA approved <input type="checkbox"/> 121 operator-U.S. carrier <input type="checkbox"/> 135 operator-cargo/charter <input type="checkbox"/> 129 operator-foreign carrier authorized to operate in US <input type="checkbox"/> Authorized distributor: Please list products you are authorized to distribute:



VENDOR/SUBCONTRACTOR COMPANY INFORMATION

Print name: Frances Garcia

Signature: 

Print Title: Office Manager

E-mail: francesg@aviationairmotive.com

Date: 2/1/2025

Certification: I hereby certify that to the best of my knowledge the information supplied is accurate, complete and current and that I am a company official of the supplier named above and I am duly authorized to sign this certification.

VENDOR/SUBCONTRACTOR QUALITY SYSTEM MANAGEMENT RESPONSIBILITY

		Yes	No	N/A
1.	Has your company developed a mission statement or quality policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is your quality policy understood and implemented at all levels of your organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have the responsibilities and authorities of all persons, by title, that have an effect on quality been defined?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has a person been assigned the responsibility of administrating the quality system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is the quality system reviewed on an annual basis by management to ensure its effectiveness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are the results of these reviews documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY SYSTEM

1.	Does your company have a quality manual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does your company generate quality plans in accordance with specific customer requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do procedures exist that are specific to all quality related activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACT REVIEW

1.	Do procedures exist that define how contractual requirements are defined and documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do procedures exist on how any contractual differences are resolved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are records of contract reviews maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the personnel responsible for the contract reviews defined?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do procedures exist defining how changes in a contract are accomplished?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESIGN CONTROL

1.	Are there procedures for the verification that the design meets the specified requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are design and input requirements identified, documented, and reviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are the design and verification activities planned and performed by qualified personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



DOCUMENT AND DATA CONTROL

		YES	NO	N/A
1.	Are changes to any documents reviewed and made by the same function that developed the document?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does a master revision list or some other document control method exist to ensure that obsolete drawings and documents are not used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are obsolete documents removed from your system or marked to indicate either "For Reference/Historical Use Only" or "For Legal Use Only"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do procedures exist to document how drawings and documents are updated and to ensure that only current revision documents are used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are documents available to all parties that need them to perform any quality related function?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does your Quality System include a program by which the accreditation organization is notified of any significant changes to the quality system and that a written approval is received for the changes prior to implementation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURCHASING

1.	Do you select vendors based on their ability to meet your quality requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you audit the performance of your vendors on a regular basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you maintain a list of approved vendors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do procedures exist to determine how vendors are selected and retained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you flow down quality requirements to your vendors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a function that reviews purchasing requirements to ensure that the material purchased meets specified requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are purchase orders reviewed for completeness and clarity prior to release?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL OF CUSTOMER SUPPLIED PRODUCT

1.	Do procedures exist that define how customer supplied products are controlled and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PRODUCT IDENTIFICATION AND TRACEABILITY

1.	Are all lots of product identified and traceable through receiving, processing (splitting operations), stock, and delivery?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is batch/lot control maintained for parts so identified by the manufacturer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have documented procedures for identifying and controlling shelf-life limited parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROCESS CONTROL

1.	Do documented procedures exist to define all methods of processing and delivery that directly affect quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have a system in place to monitor these procedures/work instructions to ensure that they are being followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you maintain, control, and record the appropriate environmental limits such as temperature, humidity, and cleanliness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have documented procedures for accountability when copies are made for redistribution shipments and when approval tags are copied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are there documented procedures for the qualification of special processes, equipment and personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are records of these qualifications maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are adequate inspections and tests conducted to maintain control of the product/service during production and installation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INSPECTION AND TESTING**

		YES	NO	N/A
1.	Is incoming product subject to inspection prior to being released to processing or storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are in-process and final inspections performed where necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do procedures exist to define the methods used to perform inspection duties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are nonconforming products identified and segregated from conforming product to preclude inadvertent processing, storage, or shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you verify all subcontracted or purchased product conforms to specified requirements prior to use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are records maintained for product acceptance to specified purchase order and customer requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION AND TESTING CONTINUED:

7.	Does your Quality System define and document procedures for:			
	a) Receiving aircraft fasteners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Reporting unapproved parts in accordance with FAA Advisory Circular 21-29?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Recall control that ensures that parts shipped can be traced and recalled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Notifying the customer and accredited organization when parts are shipped that are materially misrepresented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) The issuance of a certified statement disclosing that the material or parts procured were or were not:			
	** Subjected to severe stress, heat, or environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	** Obtained from the U.S. Government or other military government	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Tracing parts in your system to either the source of production or to an FAA certificate holder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) Ensuring that all Airworthiness Directives (AD's) and or Service Bulletins which have been accomplished are documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL OF INSPECTION, MEASURING, AND TEST EQUIPMENT

1.	Are all measuring and test equipment calibrated/certified on a regular basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are records maintained of these calibrations/certifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are the calibration/certification records traceable to NIST or recognized national or international standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is all measuring and test equipment identified with the calibration status?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is employee-owned inspection equipment controlled in the same manner as company owned inspection equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION AND TEST STATUS

1.	Do methods exist that describe the test and inspection status of all products throughout all processes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are records maintained identifying that status of product released for shipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are controls established and documented for acceptance authority media (i.e. inspection stamps, electronic signature, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL OF NONCONFORMING PRODUCT

1.	Is nonconforming product identified and segregated from conforming product?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are procedures documented and records maintained for the disposition of nonconforming product (i.e. scrapping procedure, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are repaired or reworked products re-inspected in accordance with specified requirements and documented procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORRECTIVE AND PREVENTIVE ACTION



		YES	NO	N/A
1.	Are the causes of nonconformance or noncompliance investigated and resolved per documented procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are corrective actions implemented to prevent recurrence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are processes, procedures, records, and customer complaints reviewed and analyzed in order to improve your standards of quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are preventive actions implemented so to prevent potential nonconformance or noncompliance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are procedures revised to reflect any changes brought about because of a corrective or preventive action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is the effectiveness of corrective and preventive actions verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HANDLING, STORAGE, PACKAGING, PRESERVATION, AND DELIVERY

1.	Have documented procedures for handling, storage, packaging, preservation, and delivery of product been established and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you specify requirements in documented procedures for the control of material subject to damage by electro-static discharge?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do controls exist for limited life material identification and storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are items in storage identified to indicate inspection status and shelf life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does your quality system require the use of ATA specification 300 packaging, an equivalent packaging to ATA Spec 300, or customer specified packaging?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is there a system ensuring those customer requirements for identification, packaging, packing and documentation is complied with?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are packaging and preservation operations under Quality Surveillance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL OF QUALITY RECORDS

1.	Are there procedures for identification, collection, indexing, filing, storage, maintenance, and disposition of quality records demonstrating achievement of the required quality and the effective operation of the Quality System?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are retention times of quality records established and recorded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do these records include the following specific retention times:			
	a) 7 years from date of sale to the customer for contract records?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) 2 years for repair facility documentation including test reports?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) 7 years for records confirming fastener integrity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your system require all life-limited parts have records confirming life limited status?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are pertinent subcontractor quality records included in the quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Are these records legible, current, accurate, complete and readily available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERNAL QUALITY AUDITS

1.	Are regular internal audits of your Quality System performed to verify that quality activities and related results comply with planned arrangements and to determine the effectiveness of your Quality System?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are the audits performed by individuals with formalized training in the audit process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are the audits performed by individuals independent of the functions being audited?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the results of these audits documented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are non-compliances documented and corrective actions requested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is the effectiveness of the corrective action taken verified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do procedures exist that define the frequency and method of the audits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TRAINING

		YES	NO	N/A
1.	Are there procedures for identifying and providing the necessary training for all personnel performing activities affecting quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are the qualification requirements of each of these activities clearly identified as to appropriate education, training, and/or experience?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are the training and qualification records maintained for all personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICING

1.	Are there procedures for performing the servicing, and verification that it meets the specified requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Please state your warranty / return policy here: Applicable for parts sold upon installation, as follows: Tags over 1 year pass or fail -30 days from invoice date. Tags up to one year, SV condition – 6 months from invoice date; OH condition – 12 months from invoice date.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATISTICAL TECHNIQUES

1.	Are there documented procedures for identifying adequate statistical techniques for verifying the acceptability of process capability and product characteristics (when applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Are personnel utilizing statistical techniques adequately trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS: (Please explain any NO or N/A answers here)

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date: 1/2/2025

Remarks: --

Authorized signature:

Name of Approver: **Mark BOWDEN, Quality Control Manager/VP**