



CENTER-LINE MACHINING

25700 Lakeland Blvd. Euclid, Ohio 44132
Phone: (216) 289-6828 Fax: (216) 289-6848

Form: CTR-SSPQ- Rev. 1

Subcontractor/Supplier Pre-qualification

All subcontractors/suppliers working for Center-Line Machining are required to complete this questionnaire.

The contents of this questionnaire will be considered confidential and used solely to determine your company's quality control procedures and qualifications. This form will not be disclosed to others. Attached is our Purchasing Process: Terms & Conditions, Form: CTR-PT&C-1. Center-Line Machining requires all Subcontractors / Suppliers to adhere to Center-Line Machining Terms and Conditions attached.

Please direct any questions and return the completed form to: qc@clmachining.com

I. General information

- A. Name and address of your business _____
- B. Telephone number: _____ Fax number: _____ Email: _____
- C. Contact Name and Title: _____
- D. Trade Description(s): _____
- E. Briefly describe your products and services: _____

- F. Briefly document the process used, your capabilities, facilities, and any references (Attach documents if necessary):

II. Organization

- A. Business Type: corporation partnership limited liability company sole proprietor
other (specify) _____
- B. Date founded: _____ State of formation: _____
- C. List all other names your company has conducted operations

- D. (if available include your organization chart)
- Number of personnel employed: _____
- Number of sites/branches: _____

III. Quality System and or Licensing information

A. Please provide all trade and professional licenses, your policy statement and certificates held, if any, required for you to perform your services.

B. Have any licenses or certificates ever been denied or revoked? No ____ Yes ____

If yes, please describe on a separate sheet.

C. Do you have a documented quality system? If you, to which standard? _____

D. Is your system certified by a third party? (Attach a copy of certificate) _____

F. Is your system assessed and accepted by a second party? (if yes, provide details) _____

G. If you do not have a documented system, do you intend to develop a system, by when and to which standard?

H. Do you have any objections to our representative or our clients visiting your company for inspection of products, auditing and review of records? No ____ Yes ____ If yes, document your objections below:

IV. Work experience (Subcontractor only not necessary if you are a Supplier)

B. What is your average job size? _____

E. What is your backlog as of today? _____

F. Has your company or any other organization with which your officers or owners were involved during the past three (3) years, ever failed to complete any work awarded or been terminated for cause? No ____ Yes ____

If yes, please provide a complete explanation.

I. What work if any, does your company typically subcontract to others?

VIII. Additional information

Include completed and current form W-9 (Request for taxpayer Identification number and Certification)

Please attach any additional information you feel will help us determine your Company's qualifications and expertise, including owner or general contractor references, etc.

I hereby certify that I am authorized to sign on behalf of the organization and that all the above information I have provided is accurate, correct and true.

Completed By (Name)

(Title)

Signature:

Date:

CENTER-LINE MACHINING (OFFICE USE ONLY)

Center-Line Machining Quality Control Manager

Recommended as approved supplier/subcontractor (Initials & Date) _____

Not Recommended as approved supplier/subcontractor (Initials & Date) _____

list reasons for approval or rejection: _____

Final Approval (Center-Line Machining Officer)

Signature: _____ Date: _____