

# Partner Application

Arrowhead Vendor Number \_\_\_\_\_

Your Name \_\_\_\_\_

Your Email Address \_\_\_\_\_

Your Phone Number \_\_\_\_\_

The opening screen of the application process requires entry of the Arrowhead Vendor Account Number. The name, email address and phone number are to be used by Arrowhead to contact you about the status of the application or if there are any questions.

# Partner Application

## Physical Location Address:

Company Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Time At This Address:      Years \_\_\_\_\_      Months \_\_\_\_\_

Payables Address:       Same As Physical

Company Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Time At This Address:      Years \_\_\_\_\_      Months \_\_\_\_\_

# Partner Application

## Supplier Address Information

Approximate Facility Size (Sq. Ft.) \_\_\_\_\_

Approximate Size Of Manufacturing Area (Sq. Ft.) \_\_\_\_\_

Total Number Of Buildings \_\_\_\_\_

Total Number Of Employees \_\_\_\_\_

Total Number Of Employees Working In Quality \_\_\_\_\_

Total Number Of Employees Working In Production \_\_\_\_\_

Shift Operations  1st Hours \_\_\_\_\_ To \_\_\_\_\_

2nd Hours \_\_\_\_\_ To \_\_\_\_\_

3rd Hours \_\_\_\_\_ To \_\_\_\_\_

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## Contact Information

Contact	Name	Email Address	Phone	US
Sales				<input type="checkbox"/>
Quality				<input type="checkbox"/>
Production				<input type="checkbox"/>
Procurement				<input type="checkbox"/>
Finance				<input type="checkbox"/>

\*US indicates that the person is a US citizen

# Partner Application

## Eligibility and Compliance

Is your facility ITAR compliant?  Yes  No

Is your company owned or controlled by a foreign entity?  Yes  No

If yes, what country ?

License/Agreement/Exemption number that allows export of technology

Export Authority Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is your company FAA certified ?  Yes  No FAA Certification ID \_\_\_\_\_

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## Third Party Accreditations

NADCAP Commodity	Certificate	Expiration Date
Chemical Processing		
Composite		
Heat Treat		
NDT		
Welding		

AS9100

Certifying Agency

Certificate Number

Expiration Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Partner Application

## Small Business Classification

What is the official status of your company? (Check Only One)

- |   |  |
|---|--|
| <input type="checkbox"/> Large Business               | <input type="checkbox"/> Small Business Service Disabled Veteran Owned |
| <input type="checkbox"/> Small Business               | <input type="checkbox"/> Small Hubzone Business                        |
| <input type="checkbox"/> Small Business Woman Owned   | <input type="checkbox"/> Small Disadvantaged Business                  |
| <input type="checkbox"/> Small Business Veteran Owned |  |

If small disadvantaged business, indicate your ethnic category and date certification issued

Certificate \_\_\_\_\_

Expiration Date \_\_\_\_\_

- |  |
|--|
| <input type="checkbox"/> Black American  |
| <input type="checkbox"/> Native American (includes American Indian, Aleuts, Eskimos and Native Hawaiians)  |
| <input type="checkbox"/> Hispanic American   |
| <input type="checkbox"/> Asian Pacific American (includes Japan, China, Phillippines, Vietnam, Korea, Samoa, Guam, Territory of Pacific Islands, Northern Marianas, Laos, and Cambodia & Taiwan) |

# Partner Application

## Approved Source

Only check those customers whom you have direct approval from

- Airbus
- ATK
- BF Goodrich
- Boeing
- Bombardier
- Cessna
- Embraer
- Gulfstream
- Hamilton Sundstrand
- Honeywell
- Lockheed Denver
- Lockheed Fort Worth
- Lockheed Marietta
- Lockheed Michoud
- Lockheed Sunnyvale
- Northrop
- Pratt & Whitney
- Raytheon
- Rolls Royce
- Saab
- Vought



# Partner Application

## Type Of Business

Only check the items that apply to business you do with Arrowhead

Type Of Business:

- Distributor
- Manufacturer
- Outside Processor (Prod Parts)
- Service Provider (On/Off Site)

Products:

- MRO Supplies and Services
- Produce To Drawings/Specs
- Raw Materials - Metals
- Raw Materials - Non Metals
- Resale Production Goods
- Tooling

# Partner Application

## Type Of Business (Cont'd)

Only check the items that apply to business you do with Arrowhead

I=In House. O=Outsource (both can be checked)

- | I                        | O                        | <u>Operations Performed</u>    |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Bonding                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Calibration                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Chem Cleaning                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Coating                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Dye Pen                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Discharge Machining |
| <input type="checkbox"/> | <input type="checkbox"/> | Forming                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Grinding                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Heat Treat                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Inspection                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Lab Testing                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Laser                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Machining                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Plating                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Polishing                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Precision Cleaning             |
| <input type="checkbox"/> | <input type="checkbox"/> | Spin Forming                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Tube Bending                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Welding or Brazing             |
| <input type="checkbox"/> | <input type="checkbox"/> | X-Ray                          |

Other \_\_\_\_\_