



# BF21

## SUPPLIER ONBOARDING BUSINESS FORM

**ROTATING COMPOSITE TECHNOLOGIES, LLC**  
49 CAMBRIDGE HEIGHTS  
KENSINGTON, CT 06037

## COMPANY PROFILE:

Please complete the following fields:

Company					
Street Address					
City		State		Zip	
Parent Company					
Other Affiliated Companies					

## EMPLOYEE PROFILE

Total Number of Employees	
Number of Employees in Manufacturing	
Number of Employees in Quality	

## MANUFACTURING

List Processes Performed	
--------------------------	--

## COMPANY CONTACTS

Customer Service/Sales	Name Phone Email
Quality	Name Phone Email
Manufacturing/Operations	Name Phone Email

## QUALITY SYSTEM CERTIFICATIONS

Please identify Quality System certification(s) held by your company and provide copies of certifications with completed survey:

	<b>AS9100</b>	<b>ISO 9001: 2015</b>	<b>NADCAP</b>	<b>IATF 16949: 2016</b>	<b>Other</b>
Check all that apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List Applicable Specification					

	Yes	No	N/A
Does the company have a Quality Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company maintain an inspection system, including calibrated measurement tools, which ensures product conformance to contract requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the inspection system documented and made available for customer review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are adequate records of all inspections and tests including results, type of defects, quantities, and required corrective action maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a Root Cause/Corrective Action system in place to address non-conforming products or services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMPLETED BY:**

Signature

Name

Title

Date

