

VENDOR AUDIT

Distributor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Division of: _____ Phone: _____ Fax: _____

Years of Business: _____ Size-Number of Personnel: _____

Distributor Contacts:

Quality Control: _____ Phone: (____) _____

Inspection: _____ Phone: (____) _____

Material Control: _____ Phone: (____) _____

Alta Avionics, LLC. Use Only**Vendor Category:** _____

Audit Type: Pre-Award Survey _____ Surveillance _____ Follow-up _____

Auditor recommendations of surveillance audit interval _____ months

Accept: _____ Cond. Accept: _____ Not Accept: _____

Alta Avionics, LLC , Register (Circle One): Add Delete Update Does Not Qualify

Next Scheduled Audit Date: _____

Auditor's Signature_____
Date

CRS# JN1R0201

1887 SOUTH 1800 WEST

Woods Cross, UT 84087

