

SUPPLIER QUALIFICATION

BUSINESS SURVEY

A. COMPANY IDENTIFICATION

Legal Name: _____

Telephone Number: _____ E-mail: _____

Fax Number: _____ Website: _____

Company Address: _____ City: _____

State / Prov: _____ Country: _____ ZIP / Postal Code: _____

Shipping Address:
(if different than company address) _____ City: _____

State / Prov: _____ Country: _____ ZIP / Postal Code: _____

Remit to address:
(if different than company address) _____ City: _____

State / Prov: _____ Country: _____ ZIP / Postal Code: _____

Parent Company:
(if applicable) _____

B. GENERAL INFORMATION

Business Structure:
(check one) Individual/Sole Proprietor Corporation Other
 Partnership LLC (please specify) _____

DUNS Number: _____ Cage Code: _____

Years in Business: _____

Total	Engineering	Quality	Administration
Number of Employees: (sq ft or sq m)	_____	_____	_____

Facility Size: _____

CONTENT IS CONFIDENTIAL AND PROPRIETARY TO STANDARD AERO.
 INFORMATION SHALL NOT BE DISCLOSED TO THIRD PARTIES WITHOUT THE WRITTEN CONSENT OF STANDARD AERO.

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C. MANAGEMENT ORGANIZATION

President: _____

Sales Manager: _____

Quality Manager: _____

Chief Inspector: _____

Engineering Manager: _____

Production Controller: _____

Accounting Manager: _____

Does your company have a current Organization Chart?

No

Yes

If yes: please provide a copy

D. MAJOR CUSTOMERS

Customer Name

Customer Name

E. INSURANCE & TAX INFORMATION

General Liability Insurance Coverage: Yes No If yes: amount of coverage: _____

Aviation Products Liability Insurance Coverage: Yes No If yes: amount of coverage: _____

Suppliers with employees working on-site at StandardAero offices / facilities: Please provide proof of workman's compensation benefits

Employer Identification Number (EIN), or
Taxpayer Identification Number (TIN): _____

Please provide Form #W-9 - Request for Taxpayer Identification Number and Certification
For US-based suppliers only: as verification of your Employee Identification number (EIN) or Taxpayers Identification Number (TIN).
The following link will direct you to the form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>.

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F. SUPPLY CHAIN SECURITY PROGRAMS

C-TPAT / PIP / AEO Participation (please check one of the following)

1. We are a C-TPAT / PIP / AEO **certified** company

If yes: please provide SVI #:

2. We are a C-TPAT / PIP / AEO **eligible** company **working towards certification**

If yes: please provide estimated date of C-TPAT / PIP / AEO application filing:

3. We are a C-TPAT / PIP / AEO **eligible** company and have **chosen not to participate** in the C-TPAT / PIP / AEO process

If yes: We **have** an internal security program

OR We **do not have** an internal security program.

4. We are **not eligible** for C-TPAT / PIP / AEO

If yes: We **comply** with C-TPAT / PIP / AEO criteria

OR We **comply** with an **equivalent World Customs Organization (WCO) accredited program**

Name of Accredited Program:

OR We **do not comply** with C-TPAT / PIP / AEO criteria, but we **have** a formal security program

OR We **do not comply** with C-TPAT / PIP / AEO criteria, and we **do not have** a formal security program

Customs Industry Partnership Program Participation (please check all that apply)

C-TPAT (Customs Trade Partnership Against Terrorism)

AEO (Authorized Economic Operator Program)

PIP (Partners in Protection)

CIP (Carrier Initiative Program)

SCIP (Super Carrier Initiative Program)

BASC (Business Anti-Smuggling Coalition)

CGP (Controlled Goods Program) for **Canadian suppliers only**

WCO (World Customs Organization Customs Importer/Exporter Partnership)

Other **please list:**

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G. SMALL BUSINESS PROGRAM REPRESENTATIONS (FAR 52.219-1) (SEP 2023)

For US-Based Suppliers Only

Provide the North American Industry Classification System (NAICS) code(s):

Primary Code: _____ Other Code(s): _____

The offeror represents and certifies as part of its offer that:

It is, is not a small business concern

If the offeror represents itself as a **small business concern**, check all the following types that apply:

- SDB Small disadvantaged business concern
- WOSB Women-owned small business concern
- EDWOSB Economically disadvantaged women-owned small business concern
- VOSB Veteran-owned small business concern
- SDVOSB Service-disabled veteran-owned small business concern
- HUBZone HUBZone small business concern (certified)

If the offeror represents itself as a **small disadvantaged business concern**, check the category in which its ownership falls:

- Black American
- Hispanic American
- Native American
- Asian-Pacific American
- Subcontinent Asian (Asian-Indian) American
- Individual/Concern, other than one of the preceding

Under 15 U.S.C.645(d), any person who misrepresents a firm's status as a business concern that is small, HUBZone small, small disadvantaged, service-disabled veteran-owned small, economically disadvantaged women-owned small, or women-owned small eligible under the WOSB Program in order to obtain a contract to be awarded under the preference programs established pursuant to section 8,9,15,31, and 36 of the Small Business Act or any other provision of Federal Law that specifically references 8(d) for a definition of program eligibility shall (i) be punished by imposition of fine, imprisonment, or both; (ii) be subject to administrative remedies, including suspension and debarment; and (iii) be ineligible for participation in programs conducted under the authority of the Act.

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H. CERTIFICATION REGARDING RESPONSIBILITY MATTERS (FAR 52.209-5) (AUG 2020)

For US-Based Suppliers Only

(a)(1) The Offeror certifies, to the best of their knowledge and belief, that:

i. The Offeror and/or any of its Principals:

- (A) Are are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
- (B) Have have not , within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violating Federal criminal tax laws, or receiving stolen property (if offeror checks "have", the offeror shall also see 52.209-7, if included in this solicitation);
- (C) Are are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision; and
- (D) Have , have not , within a three-year period preceding this offer, been notified of any delinquent Federal taxes in an amount that exceeds the threshold at 9.104-5(a)(2) for which the liability remains unsatisfied.

(1) Federal taxes are considered delinquent if both of the following criteria apply:

- i. The tax liability is finally determined. The liability is finally determined if it has been assessed. A liability is not finally determined if there is a pending administrative or judicial challenge. In the case of a judicial challenge to the liability, the liability is not finally determined until all judicial appeal rights have been exhausted.
- ii. The taxpayer is delinquent in making payment. A taxpayer is delinquent if the taxpayer has failed to pay the tax liability when full payment was due and required. A taxpayer is not delinquent in cases where the enforced collection action is precluded.

ii. The Offeror has has not , within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(a)(2) "Principal," for the purposes of this certification, means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a division or business segment; and similar positions). This Certification Concerns a Matter Within the Jurisdiction of an Agency of the United States and the Making of a False, Fictitious, or Fraudulent Certification May Render the Maker Subject to Prosecution Under Section 1001, Title 18, United States Code.

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I. PAYMENT INFORMATION

Payment Terms

StandardAero's payment terms are **Net 60** unless otherwise agreed to in writing.

Supplier Banking Information

StandardAero's preferred method of payment to its suppliers is EFT or ACH. **We do not pay by check.**

Please enter your relevant banking information in the spaces below, so we are able to direct deposit into your account.

Currency: _____ Remittance Email Address: _____

US Financial Institutions (ACH)

Bank Name: _____

Routing Number: _____ Account Number: _____

Canadian Financial Institutions

Bank Name: _____ Branch/Routing No.: _____

Transit Number: _____ Account Number: _____

International Banking Information

Bank Name: _____

IBAN: _____

SWIFT/BIC: _____

Sort Code: _____

Account Number: _____

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H. SUPPLIER CERTIFICATION OF BUSINESS SURVEY

Company Representative

Name: _____ Title: _____
Phone Number: _____ Email: _____

StandardAero Purchasing Terms and Conditions & Code of Ethics

Please review StandardAero's **Purchasing Terms and Conditions** and ensure that your company can fulfill all requirements. By signing below, the Terms and Conditions referenced shall apply to the goods provided or services performed by Supplier. The Terms and Conditions shall prevail. Any proposal for additional or different terms, or any attempt by Supplier to vary, in any degree, any of the terms of Buyer's PO, is hereby objected to and rejected.

Location: <http://www.standardaero.com/aboutus/legal/supplierportal> >> Terms & Conditions Supplier Initials: _____

Please review StandardAero's **Supplier Code of Conduct** and ensure your company can fulfill all requirements.

Location: <http://www.standardaero.com/aboutus/legal/supplierportal> >> Doing Business Supplier Initials: _____

Certification

By signing below, I hereby certify that (a) the information provided in this form is complete, true, and correct, to the best of my knowledge; and (b) I hereby represent and warrant that I am duly authorized to execute this Certification on behalf of Supplier.

Date: _____ Signature: _____

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