

FIRMS APPLICATION FOR APPROVAL

1. Name & Business address for which approval is sought

* 2. Address of Registered Office (if different from item 1)

Telephone No.

Fax No.

E-mail address.

Telephone No.

* 3. Division or Subsidiary of

4. Inspection Organisation & Control

a) Name of Quality Manager

b) Name of Quality Manager's Deputy (or similar)

5. Particulars of the range of Products/Services for which Approval is sought.

6. Details of Approvals held including Approval Numbers. For Special Processes include Nadcap certificates as required.

7. Facsimile of Inspection Stamp.

We hereby acknowledge we have downloaded a copy of HBIFSAS/QA/SC1 (Quality Assurance Requirements for Externally Procured Supplies and Services – Foreign Suppliers) and Quality Assurance Instructions to Suppliers (for Subcontractors Only) and we agree to perform and observe such requirements in connection with all Products/Services to be supplied to Hawker Beechcraft Corporation.

DATE.....

PLEASE SIGN & PRINT NAME
MANAGING DIRECTOR

NOTE: On completion this form is to be returned to:-

ESCO Manager
European Supply Chain Office
Hawker Beechcraft - Chester
Hawarden Airport
Broughton
Flintshire
North Wales
United Kingdom CH4 0BA

* If not applicable enter NA