

PART OR MATERIAL CERTIFICATION FORM

ATA Specification 106

2. Seller Name: SKYLINK, INC
 4. Organisation: SANFORD, FL 32773
 TELEPHONE: 407-268-4114 FAX: 407-268-4110

3. Reference #:
 5A. Sales Order #:
 5B. Cust P.O. # / Buyer's Contract#:

6. Item	7. Description	8. Manufacturer & Part Number	9. Eligibility	10. Quantity	11. Serial/Barcl Number	12. Status
1						

13A. Remarks: THE ABOVE REFERENCED PART(S) OR MATERIAL (WAS / WERE) NOT OBTAINED FROM ANY US GOVERNMENT OR MILITARY SOURCE AND (WAS / WERE) NOT SUBJECT TO SEVERE STRESS OR HEAT OR IMMERSSED IN SALT WATER (AS IN A MAJOR ENGINE FAILURE, ACCIDENT, INCIDENT OR FIRE)

13B. Obtained From:

13C. Last Certificated Agency:

14. New Parts/Material Verification:

The following signature attests that the part(s) or Material(s) identified above was (were) manufactured by a FAA Production Approval Holder (PAHO) or to an industry or commercial standards.

18. New Surplus, used, repaired or overhauled parts verification:

The following signature attests that the documentation specified above or attached is accurate with regard to the item(s) described.

15. Signature:	17. Date (MM/DD/YYYY):	19. Signature:	21. Date (MM/DD/YYYY):
16. Name (Type or printed):		20. Name (Type or printed):	
		NATE ANGLIN	JAN/20/2010

NOTICE:

The above signature binds the seller and the SIGNER to the accuracy of the information provided in the form. Should the information provided in this form contain inaccuracies or misrepresentations, the SIGNER and the SELLER may be liable for damage and be subject to criminal prosecution under state and federal law. Revised August 15, 1995

SELF-AUDIT FORM

Self-Audit Sheet

(for internal use only)

	Yes	No
Material Control	<input type="checkbox"/>	<input type="checkbox"/>
1. Are parts stored so as to preclude damage or deterioration	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all parts stored so that no part number ambiguity exist	<input type="checkbox"/>	<input type="checkbox"/>
3. Are hazardous materials stored according to the manufacturer's recommendation	<input type="checkbox"/>	<input type="checkbox"/>
4. Are Electrostatic Sensitive Devices stored in protective packaging	<input type="checkbox"/>	<input type="checkbox"/>
Shelf-Life	<input type="checkbox"/>	<input type="checkbox"/>
1. Are all parts with storage life limitations within date	<input type="checkbox"/>	<input type="checkbox"/>
Certification and Release of Materials	<input type="checkbox"/>	<input type="checkbox"/>
1. Do randomly selected paperwork packages for parts which have been shipped include all documentation and copies as required	<input type="checkbox"/>	<input type="checkbox"/>
Shipping	<input type="checkbox"/>	<input type="checkbox"/>
1. Is appropriate packaging and containers available for parts being shipped	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all parts being shipped accompanied by proper documentation	<input type="checkbox"/>	<input type="checkbox"/>
Records	<input type="checkbox"/>	<input type="checkbox"/>
1. Are records readily available for each part purchased or shipped	<input type="checkbox"/>	<input type="checkbox"/>
2. Are records retained for seven years from date of shipment	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>
1. Are all aiseways and exits clear	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all fire extinguishers current	<input type="checkbox"/>	<input type="checkbox"/>
3. Has appropriate action been taken on discrepancies from previous audits	<input type="checkbox"/>	<input type="checkbox"/>
Discrepancies	<input type="checkbox"/>	<input type="checkbox"/>

Quality Control Manager	_____	Date _____
President _____		
Corrective Action	_____	Date _____
President _____		
Quality Control Manager	_____	Date _____

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SKYLINK, INC.

Self-Audit Sheet

(for internal use only)

	Yes	No
Auditor _____	<input type="checkbox"/>	<input type="checkbox"/>
Quality System and Manual	<input type="checkbox"/>	<input type="checkbox"/>
1. Are all copies of the Quality Manual accounted for	<input type="checkbox"/>	<input type="checkbox"/>
2. Are copies available to all employees	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all copies current with the original	<input type="checkbox"/>	<input type="checkbox"/>
Self-Audit	<input type="checkbox"/>	<input type="checkbox"/>
1. Is the audit being performed within the prescribed time	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>
1. Is there adequate space and appropriate shelving to preclude damage to parts	<input type="checkbox"/>	<input type="checkbox"/>
2. Are storage areas secured from unauthorized access	<input type="checkbox"/>	<input type="checkbox"/>
3. Are aircraft functions separated from non-aircraft functions	<input type="checkbox"/>	<input type="checkbox"/>
4. Are serviceable parts segregated from non-serviceable parts	<input type="checkbox"/>	<input type="checkbox"/>
Training and Authorized Personnel	<input type="checkbox"/>	<input type="checkbox"/>
1. Are training records current and readily available	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the authorized inspector list current	<input type="checkbox"/>	<input type="checkbox"/>
Procurement	<input type="checkbox"/>	<input type="checkbox"/>
1. Is the list of approved suppliers current	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the listing of approved suppliers available to: All buyers	<input type="checkbox"/>	<input type="checkbox"/>
Receiving personnel	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Inspection	<input type="checkbox"/>	<input type="checkbox"/>
1. Is the receiving area organized and clean	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a receiving check list readily available for use by the receiving inspector	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the receiving process segregated from the shipping process	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the QC Hold area neat and clean	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all items in the QC Hold area accompanied by a "Receiving Discrepancy" form	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the Electrostatic Sensitive Device receiving area functional	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on reverse)

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SKYLINK™

SUPPLIER EVALUATION

COMPANY: _____ PHONE: _____

ADDRESS: _____ FAX: _____

Is your company currently accredited to ASA 100 or equivalent standards? Yes No

(If yes, please complete top portion of this form only and return with documentation verifying current status).

	Yes	No
Does your company have an established Quality Assurance Program?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does this program include a written Procedures Manual?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have established procedures for the following:	<input type="checkbox"/>	<input type="checkbox"/>
Receiving inspection?	<input type="checkbox"/>	<input type="checkbox"/>
Unapproved Parts Identification and reporting?	<input type="checkbox"/>	<input type="checkbox"/>
Shipping inspection?	<input type="checkbox"/>	<input type="checkbox"/>
Are all serviceable parts segregated from non-serviceable parts?	<input type="checkbox"/>	<input type="checkbox"/>
Are all serviceable parts stored so as to prevent damage or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>
Are all parts shipped, packaged to prevent damage or contamination?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company maintain traceability documentation conforming to industry standards? <i>(i.e. Material Certification, packing slip from the last FAA approved user, etc).</i>	<input type="checkbox"/>	<input type="checkbox"/>

Person to contact regarding the information provided on this form

Name: _____ Title: _____
(Please Print)

I certify that the above information is true and correct

Signature: _____ Date: _____

For Skylink, Inc. use only	
Approved _____	
Not Approved _____	Remarks _____
By _____	Date: _____
<small>(Quality Control Manager)</small>	



Receiving Discrepancy / QC Hold Notice

To: _____ Date: _____

Attention: _____ From: _____

Phone: _____ Fax: _____

Your Reference: _____ Our Reference: _____

Part Number: _____ Serial Number: _____

Description: _____

We are unable to receive the above referenced item at our facility due to the following reason(s):

Please contact the person above as soon as possible at (407)-268-4114. Failure to respond to this request will result in the rejection and return of this item.

Thank you for your assistance.

1st Notice ____

2nd Notice ____

Final Notice ____