Skilled Manufacturing, Inc. Aerospace Division 2440 Aero Park Dr. Traverse City, MI 49866

231-935-9800

# Supplier Profile & Data Report

Skilled Manufacturing, Inc. appreciates you taking the time to allow our company to get to know your company better. The information compiled in this document will allow us to get an understanding of your business scope that we can use during job sourcing as well as give us the opportunity to identify areas for Supplier Development improvement initiatives.

**General Information**

Complete this section for each of your locations

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supplier Name: |  | | | | | | | |
| Duns No.: |  | | Cage Code: | | |  | | |
| Parent Company: |  | | | | | | | |
| Address: |  | | | | | | | |
|  |  | | | | | | | |
| City: |  | State: | |  | | | Zip Code: |  |
| Telephone: |  | | | | Fax No.: | |  | |
| Email Address: |  | | | |  | |  | |

Type of Ownership:  Proprietorship  Partnership  Corporation  Public  Private

|  |  |  |  |
| --- | --- | --- | --- |
| State/Country of Incorporation: |  | | |
| Date of Incorporation: |  | Years in Business: |  |
| Type of Business: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Electronic Capabilities** |  | | |
|  |  |  |  |
| Electronic Data Interchange:  Computer-Aided Design: | * Yes | * Yes | | * No * No | If yes, what software: |
| Solid Modeling: | * Yes | | * No | If yes, what software: |
| MRP/ERP System: | * Yes | | * No | If yes, what system: |
| **Language Skills** |  |  |  |

|  |  |
| --- | --- |
| What is your company’s primary Language? |  |
| Do you have personnel fluent in other languages? |  |

TF7-18 | Rev 10 | 7/11/2024

**Certifications**

## Does your company hold any special certifications?  No

##  Women-Owned  Minority  VET  LGBT DBE  SDVET  HUBZONE  Disabled

* + If yes, please provide copies of your certificate.

## Is your company registered to one or more Quality Standards?

## Check all that apply.

## NADCAP-AQS  ISO9001 IATF16949 AS9100

## If yes, please provide copies of your certificate(s).

## If your company is not registered, do you intend to?  Yes |  No

## If yes, to which Standard(s)

## NADCAP-AQS Targeted Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ISO9001 Targeted Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## AS9100 Targeted Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## IATF16949 Targeted Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Do you hold an ITAR Registration with the state department?  Yes |  No

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER AWARDS, CERTIFICATIONS, ACCREDIATIONS** | | | |
| Company/Organization | Award | Awarded Date | Expiration Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Does your company hold one or more NADCAP Accreditations?  Yes |  No

## If yes, what process(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## please provide copies of your certificate(s).

**Facility Data**

## Complete this section for each of your locations

Building Type: Square Footage: Building:

Age:

* Owned  Leased Equipment:  Owned  Leased

**Transportation Information**

Private Rail Spur: Nearest Airport: Nearest Seaport:

Air: Motor: Shipping:

Name of Railroad:

Major Freight Service(s) used for the following transportation types:

## Do you use a freight consolidator?  Yes |  No

* + If yes, whom:

**Critical Sub-Tier Suppliers**

## Heat Treat, Plating/Coating, Materials, Paint Sources, Machining Process, etc.

|  |  |  |
| --- | --- | --- |
| **Name** | **Technology** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |

**Administrative**

Experience: (how many years’ experience in supplying the following industries)

|  |  |  |  |
| --- | --- | --- | --- |
| Aerospace Industry: |  | Defense: |  |

**Sales % of Business**

|  |  |
| --- | --- |
| **Industry** | **% of Total Sales** |
| Aerospace |  |
| Defense |  |
| Other |  |

Do you have any long-term agreements with your customers?  Yes |  No

* + If yes, with whom (Terms & Conditions):

## Do you have any long-term agreements with your suppliers?  Yes |  No

* + If yes, with whom (Terms & Conditions):

**Labor Agreements**

## Do you have Labor union agreements?  Yes |  No

|  |  |  |
| --- | --- | --- |
| Bargaining Agent  Local Number(s) | Groups Represented | Contract Expiration Date |
|  |  |  |
|  |  |  |

Do you have a no-strike agreement?  Yes |  No

|  |  |  |
| --- | --- | --- |
| ***Conditions:*** | | |
|  | | |
| ***Strike History:*** | | |
| Date | Duration | Reason for labor disputes |
|  |  |  |
|  |  |  |
|  |  |  |

Are there any governmental regulations affecting your workforce (i.e. limited weekly hours, who can work evening shifts, weekend work, etc.)?  Yes |  No

* + If yes, please explain:

**Financial Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fiscal Year | Historical (2 Years) | | Current | Forecast (2 Years) | |
|  |  |  |  |  |
| Annual Sales ($) |  |  |  |  |  |
| Aerospace Sales ($) |  |  |  |  |  |
| Return on Assets ($) |  |  |  |  |  |
| Safety/Critical Component (% of Sales) |  |  |  |  |  |
| Asset Turns |  |  |  |  |  |
| R&D Expenditures (% of Sales) |  |  |  |  |  |
| Manufacturing Capacity Utilization |  |  |  |  |  |

## Are your annual statements available to us?  Yes  No  Attached

**Supplier Contact Information**

**Key Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TITLE | LAST NAME | FIRST NAME | EMAIL | WORK PHONE | CELL PHONE |
| SMI PRIMARY |  |  |  |  |  |
| PLANT MANAGER |  |  |  |  |  |
| QUALITY MANAGER |  |  |  |  |  |
| CUSTOMER SERVICE CONTACT |  |  |  |  |  |
| PURCHASING CONTACT |  |  |  |  |  |
| ACCOUNTING CONTACT |  |  |  |  |  |
| EMERGENCY (24/7) |  |  |  |  |  |
| COMPLIANCE REPORTING  (ie. Responsible Minerals) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMERGENCY CONTACTS** | | | | | |
| TITLE | LAST NAME | FIRST NAME | EMAIL | WORK PHONE | CELL PHONE |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Completed By:*** *Title, Full Name* ***Completion Date***