



## SPECIAL PROCESS SUPPLIER DISCLOSURE AND APPROVAL

**SUPPLIER:** \_\_\_\_\_ **ASNA PO #:** \_\_\_\_\_  
**STOCK CODE(S) or P/N:** \_\_\_\_\_ **ASNA CONTRACT # (see PO):** \_\_\_\_\_  
**SUBMITTED BY:** \_\_\_\_\_ **SUBMITTED DATE:** \_\_\_\_\_

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Airborne Systems North America (ASNA) requires disclosure and approval of all sub-tier special process suppliers. Special processes are defined as those processes, which, upon completion of the process, cannot be readily verified through direct measurement or evaluation.

**Instructions**

- This form must be submitted for each purchase order received when Quality Clause QC-28 is invoked in an ASNA PO.
- List the sub-tier special process supplier(s) that are proposed to be used for completion of the ASNA purchase order. Multiple sources may be listed within each row.
- This form shall be returned by the Supplier with the Purchase Order Acknowledgment.
  - ASNA Quality Assurance will review the proposed sub-tier special process supplier(s) and respond to the Supplier with either approval or disapproval. Any sources found to unacceptable will be disclosed along with rationale.
  - In general, NADCAP certified processors in good standing will be approved.
  - ASNA's customer approved special process suppliers must still be disclosed on this form and approved by ASNA Quality Assurance prior to use. ASNA's customer shall also be indicated in column "E".
- Failure to obtain prior approval of special process suppliers will result in the rejection of the product lot and may negatively affect the Supplier's status on ASNA's Approved Supplier List.

A. Process	B. Sub-Tier Supplier	C. Location	D. NADCAP Cert #	E. Approved processor of ASNA's customer?
Heat Treating				<input type="checkbox"/> Cust: _____
Welding				<input type="checkbox"/> Cust: _____
Surface Coatings (plating, anodizing, priming, metal spraying, etc.)				<input type="checkbox"/> Cust: _____
Surface Treatments (etching, passivation, etc.)				<input type="checkbox"/> Cust: _____
Radiographic (All wave types)				<input type="checkbox"/> Cust: _____
Liquid Penetrant				<input type="checkbox"/> Cust: _____
Magnetic Particle				<input type="checkbox"/> Cust: _____
Ultrasonic				<input type="checkbox"/> Cust: _____
Eddy Current				<input type="checkbox"/> Cust: _____
Other (please specify) _____				<input type="checkbox"/> Cust: _____

ASNA Quality Approval  Yes  No *Rationale:* \_\_\_\_\_

\_\_\_\_\_  
ASNA QE Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date