

**Please complete all sections.**  
**All incomplete forms will be returned to the Moog Originator.**



**Supplier Information**

**This section is to be completed & returned by Supplier.**

**1) New Supplier Details (to be completed by Supplier):**

<b>Supplier Name:</b>	
<b>Supplier Address:</b>	
<b>City:</b>	
<b>Prov./State:</b>	
<b>Postal Code:</b>	
<b>Country:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Website:</b>	
<b>Contact:</b>	
<b>Email:</b>	

**2) Remit Address if Different (to be completed by Supplier):**

<b>Supplier Name:</b>	
<b>Supplier Address:</b>	
<b>City:</b>	
<b>Prov./State:</b>	
<b>Postal Code:</b>	
<b>Country:</b>	
<b>Phone:</b>	
<b>Contact:</b>	

**3) Supplier's Dun & Bradstreet Number (to be completed by Supplier):**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**4) Legal Review (to be completed by Supplier):**

a. Have you reviewed, understand, and accept:

- i. Moog Standard Non-Disclosure Agreement?  Yes  No
  - ii. Moog Standard Terms and Conditions?  Yes  No
  - iii. Moog General Services Agreement?  Yes  No  Not Applicable
- (Only applicable when providing services to Moog)

**5) Supplier Codes – US Based Suppliers Only (to be completed by Supplier):**



- SBC00 Small Business  Yes  No
- SBC01 Disadvantaged  Yes  No
- SBC02 Woman Owned  Yes  No
- SBC03 Service Disabled Veteran Owned  Yes  No
- SBC04 Veteran Owned  Yes  No
- SBC05 Hubzone  Yes  No
- SBC06 Alaska Native Corporation  Yes  No

## Payment Method

This section is to be completed & returned by Supplier.

### MOOG US Sites Only



There are two Payment Methods Available for **US-based** Suppliers:

1. Please complete and return a [W-9 Form](#)
2. E-mail address: \_\_\_\_\_
3. Check box that applies:
  - A.  **Wells Fargo Commercial Card Program with 45 day terms**  
 Payments are made via Wells Fargo Commercial Card with 45 day terms. These terms will help offset the associated merchant fees. Provide the supplier email address above. A letter will be sent with instructions, a contact and a Quick Reference Guide to walk you through the program set up.
  - B.  **ACH (Automated Clearing House / EFT—Electronic Funds Transfer) with 60 day terms:**  
 Payments made directly to your bank account with 60 day terms. Please provide one of the following:
    - A voided check
    - A bank letter including contact information (on bank letterhead with signature from a bank official) verifying the company's bank account ACH information. An e-mail from the bank will be accepted.

*A \$1.00 prenote (test) will be necessary with receipt confirmation prior to live payments*

Payment Terms: 60 days

There is one Payment Method Available for **Foreign** Suppliers:

1. **Wire Transfer with 60 day terms:**  
 Payments made directly to your bank account with 60 day terms. Please provide one of the following:
  - A. A bank letter including contact information (on bank letterhead with signature from a bank official) verifying the company's wire transfer instructions.  
 The letter must include:
    - Bank Name
    - Bank Address
    - Bank SWIFT Code
    - Account Name
    - IBAN or Account Number
  - B. An e-mail from the bank will be accepted.
  - C. A copy of a bank statement with the above-referenced information
2. Please complete and return a [W-8 Form](#)

### Moog Philippines & UK Sites Only



VAT/Tax Registration No: \_\_\_\_\_

Company Reg/Duns No: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Tel No: \_\_\_\_\_

Banking Details (please attach details on bank letterhead) Bank Wire Fees (if applicable) \_\_\_\_\_ Shared: YES  NO

Account Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Currency: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Type of Payment: Routing (Swift/IBAN) \_\_\_\_\_

BACS  Bank name \_\_\_\_\_

HSBCnet  Bank Address \_\_\_\_\_

DD  \_\_\_\_\_

## Insurance

This section is to be completed & returned by Supplier.



Insurance Requirements			
Insurance Type	Yes, No, N/A	Moog Required Limit	Supplier Limit
Workers' Compensation Insurance	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Statutory	
Employer's Liability Insurance	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	\$1,000,000 per occurrence	
Commercial General Liability Insurance	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	\$5,000,000 per occurrence for suppliers supporting US sites £1,000,000 per occurrence for suppliers supporting UK sites	
Automobile Liability Insurance	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	\$1,000,000 per occurrence for suppliers supporting US sites £5,000,000 per occurrence for suppliers supporting UK sites	
All-Risk Property Insurance	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	An amount sufficient to meet the replacement value of Moog property	
Aviation Products Liability	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	\$10,000,000 per occurrence	
Other	Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		

### Certificates of Insurance

#### For Suppliers Supporting US Sites:



The insurance limits required above may be satisfied by any combination of both primary and excess limits. For each of the above policies, Supplier shall arrange a waiver of subrogation in favor of Buyer, and with the exception of Workers' Compensation and Aviation Products Liability, shall name Buyer as an additional insured party.

Supplier must submit a certificate of insurance evidencing compliance with the above requirements. Certificates shall be submitted electronically to CertFocus, Buyer's Certificate of Insurance Manager. To register with CertFocus and submit proof of insurance, visit <http://www.certfocus.com/moog> and click on "Create an Account."

Under "Select a Holder", please select the Moog location you most frequently interact with. If this is unknown, please select "East Aurora, NY – Corporate".

In the "Supplier Number" box please register using the following codes:

- **Moog\_Suppliers** - If your product(s) are not used for anything aviation related.
- **Moog\_AGSuppliers** - If your product(s) does have an aviation related end use.

#### For Suppliers Supporting UK Sites:



Per UK Standard Terms and Conditions of Purchase Section 18(b), supplier must submit a Certificate of Insurance evidencing that the required minimum coverage is in effect and that Buyer is named as an additional insured, provide a waiver of subrogation clause in favor of the Buyer, and provide that all coverage provided by the Supplier shall be primary.

## Request for Evaluation of Supplier



**This section is to be completed & returned by Supplier.**

Supplier Name: \_\_\_\_\_ Location: \_\_\_\_\_

Suppliers Dun & Bradstreet number: \_\_\_\_\_

**Please list & Provide copies of 3<sup>rd</sup> Party (ISO/AS/NADCAP etc) and Customer Approvals below:**


Is there any other manufacturing address for the service(s) / product(s) identified? **YES / NO**

If yes, please attach a separate listing with address, phone, fax, etc.

Total Employed: \_\_\_\_\_ Direct: \_\_\_\_\_ Quality: \_\_\_\_\_ Indirect: \_\_\_\_\_

**Point of Contact for Quality**

**Point of Contact – Supplier Customer Service Rep**

Name:		Name:	
Title:		Title:	
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

IF AVAILABLE PLEASE PROVIDE COPY OF YOUR ORGANIZATION CHART DETAILING SENIOR MANAGEMENT

**ACCEPTANCE OF SUPPLIER REQUIREMENTS**

**The latest issue of the supplier documents can be found via the MOOG Webpage: [www.moog.com/suppliers](http://www.moog.com/suppliers)**

- 1) Are you ITAR registered? **YES**  **NO**
- 2) Does your company have a documented counterfeit components prevention procedure? **YES**  **NO**   
If no, please explain how you prevent the inadvertent use of counterfeit material into the components your company produces?
- 3) Does your company manufacture goods containing Conflict Minerals 3TGs (Tin, Tungsten, Tantalum, or Gold)?  
**YES**  **NO** 
  - a. If yes, please provide your company's most recent CMRT.
- 4) Have you reviewed, understand and accept the requirements of SQR-1 as applicable including right of access by customer and regulatory authorities? **YES**  **NO**
- 5) Will your company agree to participate in the Moog online quality portal (TIP-QA) to address quality issues and to review your report card when applicable? **YES**  **NO**
- 6) IAW the Federal Code of Regulations - 17 CFR §229.404 Transactions with related persons, promoters and certain control persons. Moog is required to ask suppliers if they have had any transactions exceeding \$120,000 with related parties.
  - a. Do any of your employees meet the definition of a related person? **YES**  **NO**   
(A related person is a person in one of the following categories at any time during the year; Director or executive officer to Moog.)
  - b. If the answer to 8a was yes, did the transaction exceed \$120,000? **YES**  **NO**

(A related transaction is one that involves a person who was in any of the following categories when a transaction in which such person had a direct or indirect material interest occurred or existed; A security holder covered by Item 403(a), Immediate family member of any such security holder)

**Survey Completion**



**This section is to be completed & returned by Supplier.**

**Supplier Documentation Checklist**

**The Supplier must provide the documentation listed below.**

Completed New Supplier Request Form (pages 1-5 must be completed)	<input type="checkbox"/>
Signed NDA/PIA	<input type="checkbox"/>
Signed General Services Agreement (GSA) (If applicable)	<input type="checkbox"/>
Most recent CMRT (If applicable – reference supplier’s response on page 4)	<input type="checkbox"/>
Certificate of Insurance Suppliers Supporting US Sites: Use CertFocus as directed on page 3 to upload your Certificate of Insurance Suppliers Supporting UK Sites: Send Certificate of Insurance directly to the Moog Buyer/Originator	<input type="checkbox"/>
Supplier’s W-9 Form (For U.S.-based suppliers only) OR Supplier’s W-8 Form (For Foreign Suppliers only)	<input type="checkbox"/>
<u>U.S. Based Suppliers Only (Not applicable if participating in Wells Fargo Commercial Card Program):</u> A voided check OR A bank letter including contact information (on bank letterhead with signature from a bank official) verifying the company’s bank account ACH information. An e-mail from the bank will be accepted. (For U.S.-based suppliers only)	<input type="checkbox"/>
<u>Foreign Suppliers Only:</u> A bank letter including contact information (on bank letterhead with signature from a bank official) verifying the company’s wire transfer instructions (Instructions on page 2). An email from the bank will be accepted. OR A copy of a bank statement with the information listed on page 2.	<input type="checkbox"/>

I hereby certify that the information supplied in this document is true and has been completed to the best of my knowledge.

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Upon completion of pages 1-5 of this form, return to sender. Please use the checklist above to ensure all required documentation is sent to the Moog Originator.**

**New Supplier Justification and Screening**

This section is to be completed by the Moog Originator.

- a. **Direct or Indirect?** Direct (Production)  Indirect (Non-Production)
- b. **Specify reason for adding additional supplier below, including specific capability/specifications requiring approval:**
- c. **Supplier type: (see [Form 810-182](#))** \_\_\_\_\_
- d. **GMOLE:**  
 AG: \_\_\_\_\_ SDG: \_\_\_\_\_ CG: \_\_\_\_\_ ICD: \_\_\_\_\_
- e. **Existing Moog Supplier?** NO  YES  (Existing Vendor Code) \_\_\_\_\_
- f. **Will supplier/contractor be working on a Moog site?** NO  YES   
 If YES, confirm supplier has signed GSA forms
- g. **Denied Party Screening completed and attached? (required for all suppliers)**   
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_
- h. **D&B Risk Report completed and attached? (required for all suppliers)**   
 D&B Risk Indicators OK? (SSI or SER scores are less than 7) NO  YES   
 If NO, seek group finance support for guidance   
*D&B Risk Manager reports with high risk indicators require group finance approval sign-off (page 7)*

**Additional Instructions for Moog Originator:****For Direct Suppliers:**

1. If applicable (reference supplier's response on page 4), send supplier's CMRT to [Conflict\\_Minerals@moog.com](mailto:Conflict_Minerals@moog.com).
2. For US or UK originators only, after completion of this page, please obtain Risk Management Signature on page 7 by sending New Supplier Form to [RiskManagement@moog.com](mailto:RiskManagement@moog.com) for review. For suppliers supporting UK sites, please also send the Certificate of Insurance provided by the Supplier to Risk Management.

**For Indirect Suppliers:**

1. For US or UK originators only, after completion of this page, please obtain Risk Management Signature on page 7 by sending New Supplier Form to [RiskManagement@moog.com](mailto:RiskManagement@moog.com) for review. For suppliers supporting UK sites, please also send the Certificate of Insurance provided by the Supplier to Risk Management.

**Additional Instructions for Moog Originator:**

1. Upon receipt of Risk Management Signature, please sign page 7 as the Moog Originator.
2. For Non-Production suppliers, please obtain Supply Chain Manager signature on page 7.
3. For Production Suppliers only, please obtain Supply Chain Manager or Commodity Director signature on page 7.
4. D&B Risk Manager reports with high-risk indicators will require group finance signature on page 7.



**Supplier Documentation Checklist**

**The Moog Originator must provide Shared Services/Accounts Payable with the documentation listed below.**

Completed New Supplier Request Form	<input type="checkbox"/>
Denied Party Screening	<input type="checkbox"/>
Dun & Bradstreet Report	<input type="checkbox"/>
Supplier's W-9 Form (For U.S.-based suppliers only) OR Supplier's W-8 Form (For Foreign Suppliers only)	<input type="checkbox"/>
<u>U.S. Based Suppliers Only (Not applicable if participating in Wells Fargo Commercial Card Program):</u> A voided check OR A bank letter including contact information (on bank letterhead with signature from a bank official) verifying the company's bank account ACH information. An e-mail from the bank will be accepted. (For U.S.-based suppliers only)	<input type="checkbox"/>
<u>For Foreign Suppliers only:</u> A bank letter including contact information (on bank letterhead with signature from a bank official) verifying the company's wire transfer instructions (Instructions on page 2). An email from the bank will be accepted. OR A copy of a bank statement with the information listed on page 2.	<input type="checkbox"/>

**Approvals**

Moog Originator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supply Chain Mgr (Non-Production only): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SC Mgr or Commodity Director (Prod only): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Risk Mgt (US Site Suppliers Only): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Approval (**High Risk D&B only**): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Instructions for Moog Originator:**

1. Upon completion of this form, send to [NSR@moog.com](mailto:NSR@moog.com) for approval and vendor code creation. Do not submit to any email other than [NSR@moog.com](mailto:NSR@moog.com). Please use the checklist above to ensure all required documentation is sent to [NSR@moog.com](mailto:NSR@moog.com).

**MBS Account Set-Up**

**This section is to be completed by Shared Services/Accounts Payable.**



**Vendor Code Approval Checklist (Check as appropriate)**

(Ref Page 6)

Denied Party Screening completed? YES  NO  REQUIRED FOR BOTH

Financial worthiness (D&B) report included? YES  NO  REQUIRED FOR BOTH

Voided Check or Banking details on bank letterhead? YES  NO  REQUIRED FOR BOTH

(Ref Page 7)

Signed off by Supply Chain Manager? YES  NO  REQUIRED FOR INDIRECT ONLY

Signed by Commodity Director? YES  NO  REQUIRED FOR DIRECT ONLY

**Supplier Creation Details**

Vendor Code: \_\_\_\_\_

MBS Account Setup by: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

(Print name) \_\_\_\_\_

Bank Template Setup by: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

(Print name) \_\_\_\_\_

**Additional Instructions for Shared Services/Accounts Payable:**

1. Once the vendor code is created, please send the completed form back to the originator.

**Additional Instructions for Moog Originator:**

1. Once the vendor code is created, please add Supplier Type, Contact Name and Email, and GMOLE info from page 1 to MBS PO/17.
2. Once the vendor code is created, please send form to [Corporate\\_Supply\\_Chain\\_Compliance@moog.com](mailto:Corporate_Supply_Chain_Compliance@moog.com) for the recording of business type.
3. Once the vendor code is created, for production suppliers only, please send form to Supplier Quality for review of supplier, and completion of page 9.



**Supplier Evaluation Requirement**

**This page is to be completed and returned by Moog Quality for production suppliers only.**

**SUPPLIER EVALUATION REQUIREMENT – To be completed by SQE Manager**

Please indicate evaluation type required: (based on supplier type)

On site Quality Audit:  On site Product Audit:  Postal Survey:  Assessment of Approvals:   
Additional Approvals:

Other (please state): \_\_\_\_\_

Specific capabilities/specifications requiring approval: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_

**Supplier Evaluation Results****SUPPLIER EVALUATION RESULTS – To be completed by SQE Auditor**

Approved:  Not Approved:

Print Group loaded in TipQA:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Originator notified:

**TIP QA SET-UP**

Request sent to IT/TipQA Admin to set up this supplier with TIP-QA access. Date: \_\_\_\_\_

(IT will need the following included in the request: Supplier Name, Supplier Number, Quality Manager Name, Quality Manager Email)

**\*\*SQE uploads completed New Supplier Request forms in TIP SR module**

Supplier Quality Mgr/Lead (Prod only): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Instructions for Moog Quality:**

1. Once signed, please return to Moog Originator.
2. Upload this form to TipQA.