

# **C.A.S.E.**

## **AIR CARRIER SECTION**

### **POLICIES AND PROCEDURES**

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#### **APPLICATION FOR ASSOCIATE MEMBERSHIP**

**NOTE:** Submit application and applicable documentation, including a copy of your Air Carrier Operating Certificate (and English translations thereof, if necessary), to the Membership and Promotions committee chair.

Submit an English version copy of the accepted vendor audit program and applicable form.

**Air Carrier:** \_\_\_\_\_

**Operating Certificate No:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Name/Title of Representative:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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**NOTE:** For “Manual Reference” in the following questions, identify the publication number in your manual system that substantiates your reply and provide a copy of the data (the application and substantiating data must be in English).

Why does your company want to join the C.A.S.E. Air Carrier Section (ACS)?

What can your company contribute?

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Is your Air Carrier willing to contribute resources to fulfill the Bylaw requirements for participation in the work of the C.A.S.E. corporation? | _____      | _____     |
| 2. Is your company a member of any other Section(s) in C.A.S.E.? If “Yes”, what other Section(s)? _____   | _____      | _____     |
| 3. Are your auditors full-time employees of your company?   | _____      | _____     |

**NOTE:** Auditing functions may not be contracted.

How many full-time and part-time auditors work in your Quality organization? Full : \_\_\_\_\_ Part : \_\_\_\_\_

If any auditors are part-time, to what department do they report and what are their additional functions?

Department: \_\_\_\_\_

Functions: \_\_\_\_\_

Manual Reference: \_\_\_\_\_

- |   |       |       |
|---|-------|-------|
| 4. Does your auditor training program and auditor(s) comply with the C.A.S.E. Level I and II auditor training and qualification requirements (2-3-1)? | _____ | _____ |
| Manual Reference: _____   |       |       |
| 5. Do you have a list of approved vendors?  | _____ | _____ |

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- |   | <u>Yes</u> | <u>No</u>       |
|---|------------|-----------------|
| a) If "Yes", is it controlled by Q.C./Q.A.?   | _____      | _____           |
| b) If "No" in a), by what department? _____   |            |                 |
| 6. On your approved vendor list, how many vendor/distributors fall within each of the categories listed below and how often are they audited? |            |                 |
|   | Number     | Audit Frequency |
| Repair/Overhaul   | _____      | _____           |
| Fuel  | _____      | _____           |
| Distributors and/or Surplus   | _____      | _____           |
| Parts Brokers   | _____      | _____           |
| Manual Reference: _____   |            |                 |
| 7. Are all audits onsite?   | _____      | _____           |
| If "No", describe your criteria and alternate method used:  |            |                 |
| _____   |            |                 |
| _____   |            |                 |
| Manual Reference: _____   |            |                 |
| 8. Do you have an audit follow-up system to assure corrective action?   | _____      | _____           |
| If "Yes", how long after audit? _____   |            |                 |
| Manual Reference: _____   |            |                 |
| 9. Do you maintain a historical file of vendor's and supplier's quality performance?  | _____      | _____           |
| If "Yes", for how long? _____   |            |                 |
| Manual Reference: _____   |            |                 |
| 10. How do you measure vendor and supplier quality performance?   |            |                 |
| _____   |            |                 |
| _____   |            |                 |
| Manual Reference: _____   |            |                 |
| 11. Do you maintain a historical file of audit findings?  | _____      | _____           |
| If "Yes", for how long? _____   |            |                 |
| Manual Reference: _____   |            |                 |

