1. **THE ORGANIZATION**

Organization Name:

Address:

European Union

VAT Number:

Nature of Business: ***OEM PARTS SUPPLIER MRO*** Other:

1. **CONTACT INFORMATION**

**Main Contact Person**

Name:

Telephone: Mobile:

Email:

**RFQ Contact Person #1 [Office Hours]**

Name:

Telephone: Mobile:

Email:

**RFQ Contact Person #2 [Office Hours]**

Name:

Telephone: Mobile:

Email:

**AOG Desk [24/7, 365]**

Does your organisation have a manned AOG Desk? YES NO

Telephone: Mobile:

Email:

1. **COVERAGE – AIRCRAFT TYPES [PARTS OR SERVICES]**

Please indicate the aircraft types you are likely to be having requirements for parts or services.

1. **COVERAGE – ENGINE TYPES [PARTS OR SERVICES]**

Please indicate the engine types you are likely to be having requirements for parts or services.

1. **COVERAGE [PARTS OR SERVICES]**

If you feel that the Form above does NOT fully describe the Products or Services your Organization would be interested in submitting Requirements for, please use the following space to describe these to us.