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1. Do you recommend, specify, select, or otherwise influence the purchase of manufacturing equipment, components, or tooling? Yes No

2. What is your primary business at this location? (check one)

- 1. Aerospace/Aircraft Manufacturer (commercial)
- 2. Aerospace/Aircraft Manufacturer (private)
- 3. Aerospace/Aircraft Manufacturer (government/military)
- 7. Contract/Equipment Manufacturer Serving the Aerospace Industry
- 6. Other (please describe) _____

3 If operating as a contract/equipment manufacturer:

Which markets do you contract for?(check all that apply)

- 1. Agriculture
- 2. Paper Machinery
- 3 - Marine
- 4. Power Generation/Alternative Energy
- 5. Mobile Equipment/Off Highway/Construction Equipment
- 6. Aerospace/Military
- 7. Industrial Machinery
- 8. Packaging Machinery
- 9. Food & Beverage

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- 10. Mining
- 11. Oil & Gas
- 12. Medical/Dental
- 99. Other _____

4. Which of the following best describes your job function? (check one)

- 4. Design/Development Engineering
- 3. Manufacturing/Production Engineering
- 2. Engineering Management
- 1. Corporate Management
- 5. Plant Management
- 6. Manufacturing/Production Management
- 8. Purchasing
- 7. Other Job Function _____

5. What are the primary materials or components used in your manufacturing operation? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1. Steel | <input type="checkbox"/> 11. Aluminum |
| <input type="checkbox"/> 2. Brass/Bronze | <input type="checkbox"/> 12. Zinc |
| <input type="checkbox"/> 3. Magnesium | <input type="checkbox"/> 13. Titanium |
| <input type="checkbox"/> 4. Nickel | <input type="checkbox"/> 14. Iron (Gray/Ductile) |
| <input type="checkbox"/> 5. Copper | <input type="checkbox"/> 15. Circuits/Electronics |
| <input type="checkbox"/> 7. Adhesives/Coatings | <input type="checkbox"/> 16. Pumps/Valves |
| <input type="checkbox"/> 8. Motor/Motor Controls | <input type="checkbox"/> 17. Plastic/Elastomers |
| <input type="checkbox"/> 9. Wire & Cable Products | <input type="checkbox"/> 18. Sensors/Switches |
| <input type="checkbox"/> 10. Stainless Steel | <input type="checkbox"/> 19. Ceramics |

6. What is the total number of employees at this location?

7. Check the manufacturing processes that are performed at this location? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> 1. Turning/Milling | <input type="checkbox"/> 8. Plastic Molding |
| <input type="checkbox"/> 2. Press Working | <input type="checkbox"/> 9. Welding & Brazing |
| <input type="checkbox"/> 3. Automatic Assembly | <input type="checkbox"/> 10. Tapping & Threading |
| <input type="checkbox"/> 4. Boring/Drilling | <input type="checkbox"/> 11. Sawing |
| <input type="checkbox"/> 5. Inspection & Measuring | <input type="checkbox"/> 12. EDM & Lasers |
| <input type="checkbox"/> 6. Grinding | <input type="checkbox"/> 13. Castings |
| <input type="checkbox"/> 7. Broaching/Gear Cutting | |

8. What are your capital equipment needs for the next 6 months? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> 1. Machining Center | <input type="checkbox"/> 11. CNC Lathes |
| <input type="checkbox"/> 2. Multi Spindle Turning Center | <input type="checkbox"/> 12. Grinding Machines |
| <input type="checkbox"/> 3. Swiss Type Turning Center | <input type="checkbox"/> 13. EDM Machines |
| <input type="checkbox"/> 4. Turning/Milling Machines | <input type="checkbox"/> 14. Laser Cutting |
| <input type="checkbox"/> 5. Honing Machines | <input type="checkbox"/> 15. CAD/CAM Software |
| <input type="checkbox"/> 6. Saws/Sawing Equipment | <input type="checkbox"/> 16. Tooling/Cutting |
| <input type="checkbox"/> 7. Machine Controls | <input type="checkbox"/> 17. Welding Equipment |
| <input type="checkbox"/> 8. Workholding | <input type="checkbox"/> 18. Injection Molding Equipment |
| <input type="checkbox"/> 9. Waterjet Cutting | <input type="checkbox"/> 19. Material Handling Equipment |
| <input type="checkbox"/> 10. Inspection Equipment | |

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