



**ATTACHMENT B  
DATA TRANSFER  
FORMAT/QUESTIONNAIRE**

**CAPPS FORM #110**

<b>SUPPLIER INFORMATION</b>																
NAME OF SUPPLIER:								DATE:								
ADDRESS:					CITY:		STATE:	COUNTRY:		ZIP:						
<b>CONTACTS</b>																
CONTACT PERSON:			E-MAIL:				FAX:		PHONE:							
<b>HARDWARE</b> (Check/Complete all that apply)																
PC <input type="checkbox"/> IBM <input type="checkbox"/> DELL <input type="checkbox"/> HP <input type="checkbox"/> UNIX SGI <input type="checkbox"/> SUN <input type="checkbox"/> OTHER																
<b>ENGINEERING SOFTWARE</b> (i.e. Solidworks, MasterCam, Catia )																
<b>PREFERRED DATA TRANSFER METHOD</b>																
CATIA V5		<input type="checkbox"/>	CATIA V4		<input type="checkbox"/>	IGES		<input type="checkbox"/>	STEP		<input type="checkbox"/>	DXF	<input type="checkbox"/>	STL		<input type="checkbox"/>
PDF		<input type="checkbox"/>	OTHER:				<input type="checkbox"/>	OTHER:				<input type="checkbox"/>				
<b>INSPECTION SOFTWARE</b> (used for buy-off and/or analysis and/or translation)																
INSPECTION SOFTWARE										REVISION LEVEL						
INSPECTION SOFTWARE										REVISION LEVEL						
<b>MEDIA</b>																
FTP		<input type="checkbox"/>	CD		<input type="checkbox"/>	DVD		<input type="checkbox"/>	OTHER:		<input type="checkbox"/>					

Return this completed form to:  
**Capps Manufacturing, Inc.**  
 Attention: Quality Assurance Dept.  
 2121 S. Edwards  
 Wichita, Ks 67213-1868

phone: 316-942-9351  
 fax: 316-942-6771