

# ROBINSON

## HELICOPTER COMPANY

2901 AIRPORT DRIVE, TORRANCE, CALIFORNIA 90505

PHONE (310) 539-0508

FAX (310) 539-5198

Date: April 17, 2023

To: Dickson Testing Labs  
11126 Palmer Ave.  
South Gate, CA 90280

Attention: Quality Manager

Enclosed, for your files, is an "Approved Supplier Notification" covering the period up to your next required 24-month review date. Should you have any questions or comments regarding this approval contact my office at 310-539-0508, ext. 127 or e-mail [QA@robinsonheli.com](mailto:QA@robinsonheli.com).

Regards,  
Robinson Helicopter Company



Orlando Melendez  
Q.A. Manager

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### APPROVED SUPPLIER NOTIFICATION

Supplier: Dickson Testing Labs 11126 Palmer Ave. South Gate, CA 90280	RHC Vendor Number: 149702  Expiration: <b>04/2025</b> Month/Year (Expiration last day of the month)
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Approved For:  
Physical/ Chemical Testing Analysis

*Notify RHC Quality Assurance whenever facility or organizational changes to company name, location, processes, or key management position occur.*

Approved Sub-Tier Vendors

Used by: California Amforge  
Continental Forge

NOTE: If necessary vendor is not listed above, contact RHC QA at [qa1@robinsonheli.com](mailto:qa1@robinsonheli.com) for approved vendor list to obtain approval prior to use.

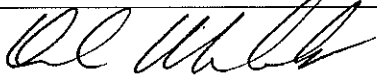
Remarks:

No RHC approved sample plan

Contact RHC QA at [qa1@robinsonheli.com](mailto:qa1@robinsonheli.com) for corrections or changes to this notification.

This letter is to certify that Robinson Helicopter Company has completed a review of your technical resources and quality system controls for the above named process(es) and found them capable of satisfying the requirements of same. You are hereby granted "Approved Supplier Status" subject to your continued compliance with RHC Quality Assurance Requirements.

Inspection of your facilities, for which this certification is granted, may be conducted at any time by an RHC or FAA representative to determine continued compliance with RHC requirements.

Orlando Melendez 	Q. A. Manager
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RHC Q.A. Representative Name (Print / Signature)

Title