



United Technologies Corporation Delegated Quality Representative (DQR) Candidate Form

CANDIDATE MUST BE AN EMPLOYEE OF THE QUALITY DEPARTMENT

Part I: Candidate Application (to be completed by supplier)			
Was this candidate ever approved as a DQR for another company? If yes, provide the name of the UTC member company _____		Yes	No
COMPANY NAME		CODE	
ADDRESS			
CANDIDATE NAME		CITIZENSHIP	
PRESENT TITLE			
NUMBER OF YEARS IN PRESENT ASSIGNMENT		IN QUALITY	
CHECK ONE BLOCK IN EACH SECTION		(If replacement, name of individual being replaced)	
1.	ADDITION	REPLACEMENT	_____
2.	PRIMARY	ALTERNATE	Reminder: Replacement stamps must be recovered
<u>EXPERIENCE (Activity/Position for last 5 years min.)</u>			
<u>DATES</u>	<u>EMPLOYER</u>	<u>POSITION/TITLE</u>	<u>DUTIES</u>
<u>EDUCATION/TRAINING (High School to Highest)</u>			
<u>DATES</u>	<u>SCHOOL</u>	<u>CURRICULUM/DEGREE</u>	
CANDIDATE SIGNATURE _____		DATE _____	
SUPPLIER MANAGEMENT SIGNATURE _____			
PLEASE PRINT NAME _____		DATE _____	

Part II: Qualification (completed by the Supplier Quality Assurance Representative)

Training Complete

Verify – Knowledge of relevant technical and quality requirements

Verify – Proficiency with inspection tools and techniques

Verify – Effective Skills:

Writing _____

Communication _____

Documentation _____

Part III: Candidate Approval and Issuance of Stamps (completed by the Supplier Quality Assurance Representative)

CANDIDATE APPROVED

SQAR SIGNATURE _____ DATE _____

STAMPS: Issue Replace

STAMP NUMBER (S) ASSIGNED: _____ DATE _____

HS PWC P&W SIKORSKY

SQAR SIGNATURE _____ DATE _____

Part IV: Revocation of DQR delegation (completed by the Supplier Quality Assurance Representative)

DATE OF REVOCATION: _____

SQAR: _____

REASON: _____

STAMPS ISSUED: _____ DATE RETURNED OR ACCOUNTED FOR: _____