 **Delegated Quality Representative (DQR)**

**Candidate Application ASQR-01 Form 7 Section A**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplier Information** | | | | | | | | |
| 1: Supplier name: | | | | | | 2: Supplier DUNS #: | | |
| 3: Supplier address (from Member PO): | | | 4: Supplier address where DQR Candidate is located: | | | | | |
| Candidate Information | | | | | | | | |
| 5: First Name: 6: Last Name: | | | | | | | | |
| 7: Email Address: | | | | | | 8: Telephone No.: | | |
| Enter the RTC Member, the Member Vendor Code you will be a DQR for (e.g. the Vendor Code receiving the PO), and your login ID No to access that Member’s Supplier Portal: | 9: RTC Member | 10: DQR to process shipments for which Member Vendor Code | | | | | 11: Login ID N° to Member Portal: | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
|  |  |  | | | | |  | |
|  | 12: Please list which Collins business unit(s) or division(s) you are applying for (if applicable): | | | |  | | | |
| 13: Current job title: | | | | 14: N° years in present  position: | | | | 15: N° years in Quality:  Assurance:  Control: |
| 16: Candidate successfully completed the ASQ AS13001 course on: (please attach a copy of your certificate)  **OR** is scheduled to attend the ASQ AS13001 course on: | | | | | | | | |
| 17: Brief description of candidate’s current duties & responsibilities, past work experience and applicable education: (alternatively, attach candidate’s resume) | | | | | | | | |
| 18: DQR Type:  Candidate to replace existing DQR? Yes  No If yes, who is being replaced:  Have their stamps been returned? Yes  No N/A Date of stamp return: | | | | | | | | |
| **PRIVACY NOTICE:** Raytheon Technologies Corporation and its subsidiaries and affiliates (collectively, “RTC”) must collect the personal information identified on this form, although RTC may contact you to seek additional information, if needed. The personal information you provide is voluntary, however, if you do not answer any of the questions in this form, we may not be able to permit you to serve as a DQR. The personal information you provide may be used to: (1) assess your ability to perform DQR activities, and audit your continued service; (2) screen you against sanctions, embargo, and debarred and denied parties lists of various countries; (3) determine authorization for access to controlled technology and/or commodities; (4) protect against fraud and other legal and compliance risks, including without limitation in the conduct of internal investigations; (5) facilitate the sale or transfer of some or all of the assets of RTC, including but not limited to in the case of bankruptcy or divestment; and (6) address government requests or present a legal claim or defense. The information collected may be shared among RTC entities and with RTC service providers, but only for the purposes identified here.  By sharing the data among RTC entities and with RTC service providers, your personal information may be transferred to other countries, but any transfer will be consistent with applicable legal requirements and this notice. The personal information will be retained for at least ten years. To contact RTC about the information contained in this form, please contact Supplier Quality Assurance at the contracting RTC Member. By submitting this form, you are consenting to RTC’s use of your personal information as described in this notice. | | | | | | | | | | |

###### 

###### 19: DQR Candidate Self-Evaluation Matrix

|  |
| --- |
| Candidate Name: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Skills & Knowledge (Section A Cont’d) | Evaluation | | | | | |
| GENERAL | | **1** | **2** | **3** | **4** | **5** |
| * Knowledge of Supplier’s quality procedures / instructions and applications | |  |  |  |  |  |
| * Familiar with manufacturing processes | |  |  |  |  |  |
| * Understand and perform inspection methods and techniques | |  |  |  |  |  |
| * Familiar with Supplier’s document retention system (e.g. drawings, specs, etc.) | |  |  |  |  |  |
| * Knowledgeable in geometric tolerance principles | |  |  |  |  |  |
| * Familiar with applicable RTC Member drawings and specifications | |  |  |  |  |  |
| PLANNING | |  |  |  |  |  |
| * Ability to identify hidden characteristics | |  |  |  |  |  |
| * Familiar with product interface inspection | |  |  |  |  |  |
| * Familiar with FAI requirements (AS9102) | |  |  |  |  |  |
| * Familiar with product Inspection gauging / tooling used for inspection | |  |  |  |  |  |
| * Familiar with interpreting part marking requirements | |  |  |  |  |  |
| * Familiar with ASQR-01 (Supplier Quality Control Requirements) | |  |  |  |  |  |
| * Familiar with ASQR-20.1 (Supplier Sampling Requirements) | |  |  |  |  |  |
| * Familiar with the FOD requirements of AS9146 | |  |  |  |  |  |
| * Familiar with the concepts of visual inspection | |  |  |  |  |  |
| CONTINUOUS IMPROVEMENT | |  |  |  |  |  |
| * Familiar with SPC methodology (AS13004 & AS13006) | |  |  |  |  |  |
| * Access and knowledge of RTC Member Supplier Portal (if applicable) | |  |  |  |  |  |
| OTHER | |  |  |  |  |  |
| * Familiarity with the RTC Member’s DQR Program and procedure | |  |  |  |  |  |
| * Familiarity with the RTC Member’s unique Quality Systems requirements | |  |  |  |  |  |

**LEGEND: 1** = No knowledge **2** = Basic comprehension **3** = Can do with help **4** = Can do without help **5** = Can instruct others

|  |  |  |
| --- | --- | --- |
| 20: Certification by the Candidate | | |
| Candidate Name: | I certify the completeness and accuracy of the information provided in Section A, “Candidate Information” and the Candidate Self-Evaluation Matrix. I understand that all information provided on this form may be audited. | Date: (YYYY-MM-DD) |
| Candidate Signature: | | |

|  |  |  |
| --- | --- | --- |
| 21: Quality Manager Information (must be completed by the responsible Quality Manager) | | |
| **Initial** | I have verified that the candidate is compliant with the vision acuity requirements contained in the latest revision of RTC member quality specification and that appropriate records of this compliance are on file.  Date of last Successful Eye Exam (YYYY-MM-DD): | |
|  | I have completed the Letter of Agreement, ASQR-01 Form 8, and have submitted it to the appropriate Member contact. | |
|  | I have properly verified that the candidate is certified to access all International Traffic in Arms Regulations (ITAR), ITC, & Export Administration Regulations (EAR)-controlled data required when performing DQR activities | |
| Quality Manager Name: | | Date: (yyyy-mm-dd) |
| Email Address: | | Telephone No. |
| Quality Manager Signature: | | |



---------------------- Section B is for RTC Member Use Only ---------------------

**Portion to be completed by the Member Approver/Coordinator Section B**

|  |  |  |  |
| --- | --- | --- | --- |
| Approval Checklist | Evaluation | | |
|  | | **Yes** | **No (explain)** |
| Quality knowledge/experience reviewed? | |  |  |
| Inspection knowledge/experience reviewed? | |  |  |
| Is the candidate properly registered with the Member Supplier Portal? | |  |  |
| Has the candidate passed an MKDenial check? | |  |  |
| Successful completion of AS13001?  Certification date:       Expiry Date: | |  |  |
| Successful completion of Member DQR training?  Certification date:       Expiry Date: | |  |  |
| Collins only: Affected Collins business unit(s): | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Member Approval | |  | |
| Approver name:    New DQR program at this Supplier? | I have reviewed the following for completeness and accuracy:   * Section A completed * Candidate Self-Evaluation Matrix. * Copy of the Candidate’s AS13001 Certificate * Section B Approval Checklist * Letter of Agreement, ASQR-01 Form 8. | | Date:  (yyyy-mm-dd) |
| Signature: | | | |

Instructions for Completing ASQR-01 Form 7

This Form is to be used to document Supplier candidates to become Designated Quality Representatives (DQR’s) for a RTC Member company (Pratt & Whitney, Pratt and Whitney Canada, or Collins Aerospace (Collins)).

In order to complete this Form, please enter the requested information in the Section A including the fields below:

1. Enter the supplier name as found on your Purchase Order from the Member
2. Enter the current DUNS number for the location where the DQR candidate will be releasing shipments from
3. Enter the address of your company found on the Member PO
4. Enter the address of the facility where this DQR candidate will be releasing shipments from (repeat the address if the same as box #3)
5. Enter the Candidate’s first name
6. Enter the Candidate’s last name
7. Enter the Candidate’s email address
8. Enter the Candidate’s phone contact information
9. Select the Member division the Candidate will be releasing shipments for. If the Candidate will release product for multiple vendor codes for the same Member, select multiple lines for the same Member. Prepare separate Applications if the Candidate will be releasing shipments for multiple Members, one per Member.
10. Enter the individual vendor code(s) for the Member the Candidate will release product for
11. Enter the Candidate’s member supplier portal login ID’s for each of the vendors codes entered in 11: above
12. If the Candidate will be releasing parts for a Collins company, please indicate the name(s) of those companies (e.g. Landing Gear Systems, Aerostructures, etc.),
13. Enter the Candidate’s current job title
14. Enter the number of years the Candidate has been in his/her current position
15. Enter the Candidate’s number of years of experience in both Quality Assurance (e.g. Quality Systems) and/or Quality Control (e.g. Product Inspection)
16. If the Candidate has already taken the required ASQ AS13001 course, enter the date that course was successfully completed or if not, enter the confirmed date that the Candidate will take the course
17. Enter any additional information regarding the Candidate’s job history or current responsibilities that are relevant to their becoming a Member DQR. If necessary or more convenient, attach the candidate’s Resume to this Application.
18. Select if this Candidate will be the Prime DQR or an alternate DQR. If this Candidate is replacing another DQR, please complete the requested information on that DQR
19. Have the Candidate perform a self-evaluation of their familiarity with the Member quality systems requirements
20. Have the Candidate enter their name, read the certification in this section and sign and date a printed copy of the document (**enter the data in section 21 below before printing for signature**).
21. The appropriate/authorized Quality Manager should carefully read all three certifications in this section and initial next to each before entering the requested information and signing a printed copy of the document. The date of the DQR candidate’s last eye exam should be input in all cases.

Once complete and a printed copy of the Application has been signed, send the completed:

* Completed ASQR-01 Form 8
* Completed ASQR-01 Form 7
* A scanned copy of the candidate’s AS13100 certificate

to the Member using the following methods:

|  |  |
| --- | --- |
| Member | Deliver to/via: |
| Pratt & Whitney | Email attachments to your P&W Supplier Quality Assurance Representative (SQAR) |
| Pratt & Whitney Canada | Email attachments to [DQCR@pwc.ca](mailto:DQCR@pwc.ca) and copy your P&WC Supplier Quality Assurance Representative (SQAR) |
| Collins | Submitted as an attachment to an electronic Collins SRI Form 3 submission |

The RTC Member representative will evaluate the Candidate and indicate their acceptance by signing the received copy and returning it to you via normal communication methods.