***All DQR Candidates must complete the following form and submit to MRAS QR for review and approval:***

**Supplier Information: Please TYPE or PRINT clearly in the space below.**

|  |  |
| --- | --- |
| **Supplier Name:** | **Supplier Code:** |
| **Supplier Address:** | Full physical address of supplier including Street, City, State, Zip/Postal code, Country |
|  |
|  |

**Candidate Information: Please TYPE or PRINT clearly in the space below.**

|  |
| --- |
| **Candidate Name:** |
| **Telephone:** | **Email:** |
| **US Citizen (Circle One): Y or N** |

***Attach a copy of the candidate’s professional resume to this application.***

**Supplier’s Quality Manager Approval Statement:**

The undersigned quality manager or authorized management delegate hereby confirms that the candidate indicated above has met all the pre-requisite requirements set forth in the Supplier Self Release Agreement (SSRA) and is fully capable of representing the MRAS quality department in the capacity of a Delegated Quality Representative (DQR). By signing below, the quality manager also authorizes that the supplier can maintain full support of the DQR responsibilities as outlined in the SSRA.

**Supplier’s Quality Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplier’s Quality Manager Name (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplier’s Quality Manager email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MRAS PQE Approval:**

MRAS PQE Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRAS PQE Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_