

Quality Improvement Representative Program Candidate Application	
Author: Cody Coogan	Issue Date: 9/19/2023 Effective Date: 9/19/2023

1. Supplier Information

Supplier Name:	Supplier Vendor Code (to be completed by Collins):
Supplier Address where QIR Candidate is Located:	

2. Candidate Information

First Name:	Last Name:	Email Address:
Telephone No:	Current Job Title:	QIR Role: Primary: <input type="checkbox"/> Secondary: <input type="checkbox"/>
Candidate successfully completed the CORE Apprentice Certification Training on OR is scheduled to complete the CORE Apprentice Certification Training on (YYYY-MM-DD): _____(N/A for Secondary QIR)		
Brief description of candidate's current duties & responsibilities, past work experience, and applicable education (Alternatively, you may attach the candidates resume):		

3. Candidate Self-Evaluation Matrix

General	1	2	3	4	5
• Knowledge of Supplier's quality procedures / instructions and applications	□	□	□	□	□
• Knowledge of Supplier's manufacturing processes	□	□	□	□	□
• Understand and perform inspection methods and techniques	□	□	□	□	□
• Familiarity with Collins Aerospace drawings and purchase orders	□	□	□	□	□
• Familiarity with AS9100, ISO 9001, or NADCAP AC7004	□	□	□	□	□
• Familiarity with First Article Inspection (FAI)	□	□	□	□	□
• Familiarity with Foreign Object Debris/Damage (FOD)	□	□	□	□	□
• Willingness to do the right thing even when under pressure	□	□	□	□	□
• Familiarity with Root Cause Corrective Action problem solving	□	□	□	□	□

4. Certification by the Candidate

Candidate Name:	I certify the completeness and accuracy of the information provided in Section 2 and 3. I understand that all information provided on this may be audited.	Date (YYYY-MM-DD):
Candidate Initials:	Candidate Signature:	

5. Quality Manager Information

<input type="checkbox"/>	I have completed the Letter of Agreement, MTH-QLT-FRM-1201, and have submitted it to the appropriate Member contact.	
<input type="checkbox"/>	I have properly verified that the candidate is certified to access all International Traffic in Arms Regulations (ITAR), ITC, & Export Administrative Regulations (EAR)-controlled data required when performing QIR duties.	
Quality Manager Name:		Date (YYYY-MM-DD):
Email Address:		Telephone No.
Quality Manager Signature:		

Portion below to be completed by the Member Approver/Coordinator

6. Member Approval Checklist

	Yes	No (explain)
Has the candidate passed an MKDenial Check?	<input type="checkbox"/>	<input type="checkbox"/> :
Successful completion of CORE Apprentice Certification? Certification Date:	<input type="checkbox"/>	<input type="checkbox"/> :
Successful completion of QIR Training? Certification Date:	<input type="checkbox"/>	<input type="checkbox"/> :

7. Member Approval

Approver Name:	I have reviewed the following for completeness and accuracy: <ul style="list-style-type: none"> • Candidate Information • Candidate Self-Evaluation Matrix • Copy of Candidates CORE Apprentice Certificate (if applicable) • Member Approval Checklist • Letter of Agreement, MTH-QLT-FRM-1201. 	Date (YYYY-MM-DD):
New QIR Program at this Supplier? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Signature:		

Revision Record

Revision	Date	Section(s) Affected	Description of Change/Change Request Reference/Remarks
00	9/19/2023	All	New Document

Document Control

Prepared By & Date:
Safety Review and Date: <div style="text-align: center; margin-left: 150px;">NA</div>
Mfg. Engineering Review and Date:
Production Review and Date:
Quality Review and Date:

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