

REQUEST FOR CERTIFICATE OF QUALITY ASSURANCE CERTIFICATION

1. NAME	2. EMPLOYEE CODE	3. DSO/CAO CODE	4. QA ORG CODE	5. SKILL AREA CODE
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6. SKILL AREA TITLE	7. SUPERVISOR DESIGNATED COURSES FOR CERTIFICATION
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8. FIRST LINE SUPERVISOR. I CERTIFY THAT THE INDIVIDUAL IDENTIFIED IN BLOCK 1:

(1) HAS COMPLETED THE REQUIRED HANDS-ON EXPERIENCE
 (2) IS CURRENTLY PERFORMING SATISFACTORILY IN THE SKILL AREA IDENTIFIED IN BLOCK 6
 (3) DOES NOT REQUIRE ANY ADDITIONAL TRAINING FOR CERTIFICATION AND
 REQUEST A CERTIFICATE OF QUALITY ASSURANCE CERTIFICATION BE ISSUED FOR THE SKILL AREA SHOWN IN BLOCK 6.

a. TYPED NAME	d. SIGNATURE AND DATE
b. OFFICE SYMBOL c. TELEPHONE NO.	

9. QA TRAINING COORDINATOR. I CERTIFY THAT THE INDIVIDUAL IDENTIFIED IN BLOCK 1 HAS COMPLETED ALL COURSES THAT ARE REQUIRED FOR THE CERTIFICATION IN THE SKILL AREA SHOWN IN BLOCK 6.

a. TYPED NAME	d. SIGNATURE AND DATE
b. OFFICE SYMBOL c. TELEPHONE NO.	

10. QA TDP MANAGER. I RECOMMEND THAT THE INDIVIDUAL ABOVE BE CERTIFIED IN THE SKILL AREA SHOWN IN BLOCK 6 AND A CERTIFICATE OF QUALITY ASSURANCE CERTIFICATION BE ISSUED.

a. TYPED NAME	d. SIGNATURE AND DATE
b. OFFICE SYMBOL c. TELEPHONE NO.	

11. QA TDP PANEL CHAIRMAN. CERTIFICATION IN THE SKILL AREA SHOWN IN BLOCK 6 IS APPROVED FOR THE INDIVIDUAL IDENTIFIED IN BLOCK 1.

a. TYPED NAME	d. SIGNATURE AND DATE
b. OFFICE SYMBOL c. TELEPHONE NO.	

12. COMMENTS