



INSPECTION DELEGATION STAMP REQUEST FORM

THIS FORM SHALL BE RETAINED FOR RECORD RETENTION AT SUPPLIER LOCATION

Date: _____

PERSONAL DATA

Name (First, Middle Initial, Last) _____

Company name: _____

Company address including Street, City, State (Province) Zip/Postal Code _____

How long at current company: _____

Citizenship: _____

RECENT ASSIGNMENTS

Current position, responsibilities, Quality experience, inspection gauge usage: _____

Previous position, responsibilities, Quality experience, inspection gauge usage: _____

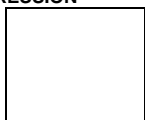
Previous position, responsibilities, Quality experience, inspection gauge usage: _____

STAMP ISSUANCE

Email this form and the Inspection Delegation Request Check sheet to DLCPS-SQA@RENK-America
 A RENK America SQA Representative will stamp this form and return to supplier along with supplier Delegation stamp

STAMP
IMPRESSION

Delegate must complete * items below before submitting forms for review



* Recipient name: _____

*Signature: _____

*Date: _____

* Vender
Code # _____

Return / Lost / Damaged Stamp Requirement - Return Form With Stamp

Section below is to be completed by Supplier when employee is no longer performing RENK America Delegate functions, is leaving company or to report that a stamp has been lost or damaged.

Send form to: DLCPS-SQA@RENK-America.com

Date: _____ Reason: _____

Delegate name and stamp number: _____