ARTISAN INSPECTOR DESIGNATION

PART I - REQUEST

1. ARTISAN INSPECTOR'S NAME:	2. RATE/GRADE:	3. PAY NUMBER:
4. DEPARTMENT/DIVISION:	5. AIRCRAFT T/M/S:	6. TRADE:

I certify that I understand my responsibilities as set forth in the current Artisan Inspector (AI) Standard Operating Procedures (SOP)

7. SIGNATURE OF INSPECTOR:	8. DATE:

PART II – PROGRAM MANAGER

I certify the above named individual is qualified as documented in the Individual Qualification Record (IQR) to concurrently certify tasks noted in their IQR.

9. PROGRAM MANAGER'S NAME:	10. CODE:
11. SIGNATURE:	12. DATE:

PART III – DIRECTOR OF QUALITY

I certify the above named individual has successfully completed formal training in Quality Policies and Procedures, and On the Job Training (OJT) with a qualified Q/A Specialist/ Instructor in developing inspection techniques.

13. DIRECTOR OF QUALITY:	14. CODE
15. SIGNATURE:	16. DATE:

PART IV – COMMANDING OFFICER'S APPROVAL

This letter designates the above named person as a qualified Artisan Inspector (AI) authorized to inspect and concurrently certify all product tasks documented in his/her IQR

17. SIGNATURE OF COMMANDING OFFICER:	18. DATE

Original to: **Inspector's Individuals Qualification Record**
Copy to: **Program DPM / Q/A Branch Office**