

# LETTER OF AGREEMENT

**Delegated Quality Representative Program**

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| Between RTX Corporation (RTX) and (Vendor’s Name): | |  | | |
| Vendor’s Address: |  | | Vendor’s Code: |  |

In consideration of the Member permitting the Supplier’s Delegated Quality Representative (DQR) to accept material for shipment directly to the Member or a Member-approved destination, the Supplier agrees to:

1. Maintain the minimum number of approved DQRs at all times as described in the relevant Member’s DQR procedure.
2. Ensure approved DQR’s remain familiar with and work to the current requirements of all applicable Member specifications and requirements.
3. Provide documentation to Member, as required, demonstrating on-going compliance to all DQR program requirements including, but not limited to, internal audits performed by the Supplier’s Quality organization or by the DQR.
4. Permit DQR’s free access to all levels of Supplier management to report quality problems and adverse trends and ensure the DQR represents the Member at the Supplier’s facility by ensuring conformance to all applicable requirements.
5. Ensure the required time and resources to perform the DQR activities as defined by the Member are available to the DQR at all times.
6. Grant the DQR the organizational freedom to report to Member Supplier Quality Assurance (SQA) department issues affecting compliance to Member requirements and/or product integrity.
7. Ensure the DQR has the required independence from manufacturing and final inspection activities.
8. Send the DQR to all conferences, training and certification as required by Member.
9. Ensure that only approved DQR’s will be permitted to apply the stamps, as required, to Member “end use” material only and in compliance to instructions furnished by Member
10. APPLICABLE ONLY when stamps are serialized: Ensure that each DQR uses only their stamps. If an employee ceases working as DQR, the stamps will be sent back to Member’s SQA department
11. Ensure all DQRs are certified to access all ITAR, ITC, & EAR-controlled data required when performing DQR activities on behalf of the Member.

Supplier’s management must complete and submit this Form 8 every three (3) years to the Member Supplier Quality Assurance department, unless otherwise required by the Member.

Suspension, termination or disqualification from the DQR program, in whole or in part, is at Member’s discretion and may be taken without cause. If the DQR approved status is removed from my company, I accept the implementation of a Delegated Independent Verification Representative (DIVR) as described in the relevant Member’s DQR procedure.

**To be completed by Supplier To be completed by RTX Representative**

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| Supplier Quality Manager’s Name: | Member SQA Manager’s Name: |
| Supplier email address: | Member email address: |
| Supplier phone number: | Member phone number: |
| Date: (yyyy-mm-dd) | Date: (yyyy-mm-dd) |
| Signature: | Signature: |