=	GMFAeroAsia GARUDA INDONESIA GROUP	Stamp and/or C of C Issue Request for Defense Industry
REQU	EST, Give details below:	PERSONAL DATA
INITIAL STAMP INITIAL C of C RENEWAL C of C CHANGE RATING/SCOPE /STAMP Specify additional information, relating to the S		NAME : ID : UNIT : JOB TITLE : STAMP and/or C of C request (if required):
NECESSARY REQUIREMENTS TO OBTAIN A STAMP and/or C of C Completed by the responsible Div. Head or Dept. Head		
No.	Completed b	DESCRIPTION
1	The applicant has been trained for all tra	aining required by QP-308-01M and other related QP's
2	The applicant's training/qualification and experience records as required by QP-308-01M and other related QP's available adequate and correct	
3	The applicant been trained in the GMF Quality System Procedures applicable for his/her Job Title	
4	The applicant follow the Quality System Procedures, technical manuals and other specifications to perform his/her work	
5	informed about these matters	
6	other applicants and committed to teamwork	
The applicant has been assessed against behavior and skill competencies against the applicable performance criteria found in the competency charts		
CERTIFICATION STATEMENT BY THE DIVISION HEAD OR DEPARTMENT HEAD I certify that the above mentioned applicant complies with all requirements mentioned above (unless not applicable) and he/she has been properly trained (classroom and OJT) to perform his/her assigned tasks. I also certify that the applicant has been assessed as long as he/she was under training and OJT for the behavior and skill competencies and found to meet the performance criteria requirements mentioned in his/her Job Title and Job Grade Competency Charts and the result is good.		
		Date:
APPLICANT STATEMENTS FOR WORK PERFORMED AND/OR RESPONSIBILITY STAMP CONTROL		
I understand that I am authorized to perform unsupervised work only for those tasks mentioned in my C of C. I also understand that by placing my stamp or signature on the work documents, I certify that my self-inspected the work I have performed and that the work has been carried out in accordance with the prevailing maintenance instructions.		
ONLY IF REQUEST A STAMP: I understand that by obtaining this stamp I am fully responsible for its use. I will not give my stamp to anyone, I will keep it locked all the times and I will return it to Quality Assurance when I terminated my work, transferred to a new work, revoked or suspended. When the stamp is rotted away to a degree that the numbers are invisible, I will request a new stamp to Quality Assurance. In case my stamp is lost I will report immediately to Quality Assurance.		
		Date:
QUALITY ASSURANCE: I certify that I assessed the applicant and I found him/her competent to perform the tasks mentioned in his/her C of C.		
		Date:

Form No.: GMF/Q-063M