**ATTACHMENT D**

**Example Instructor Appointment**

**DEPARTMENT OF THE ARMY**

**U. S. ARMY CORPS OF ENGINEERS, [INSERT DIVISION NAME]**

**[INSERT DIVISION STREET ADDRESS]**

**[INSERT DIVISION CITY, STATE, AND ZIP CODE]**

[INSERT ORG CODE] [INSERT DATE]

# MEMORANDUM FOR RECORD

SUBJECT: [INSERT INSTRUCTOR NAME], Construction Quality Management for Contractors Instructor Compliance and Appointment

1. References:
	1. Federal Acquisition Regulation (FAR) 52.246-12 Inspection of Construction
	2. FAR 52.236-5 Material and Workmanship
	3. 5 Code of Federal Regulations (CFR) 2635.702 (c) (2)
	4. Engineer Regulation (ER) 1180-1-6 Construction Quality Management
	5. Engineering and Construction Bulletin (ECB) [INSERT LATEST ECB NUMBER] Construction Quality Management (CQM) for Contractors Course
2. Pursuant to references a., b., c., d., e., and f., this memorandum is to document [INSERT INSTRUCTOR NAME] complies with the United States Army Corps of Engineers (USACE)’s program requirements and standards for instructors of the Construction Quality Management (CQM) for Contractors (CQM-C) course and is hereby appointed as a CQM-C instructor for USACE.
3. To ensure proper training and tracking of CQM-C students in accordance with USACE business processes, [INSERT INSTRUCTOR NAME] will:
	1. Utilize Facilitator Identification Number: xxx
	2. [INSERT INSTRUCTOR NAME] will utilize the certificate attached to the most recent Engineering and Construction Bulletin (ECB) on CQM for Contractor’s course.
	3. Complete and sign as the instructor CQM-C completion certificates for those students who successfully complete the course with a passing score of 70% or greater and transmit them to the District CQM Manager for endorsement.
	4. Transmit the roster spreadsheet to the District CQM Manager upon completion of all CQM-C courses.
4. [INSERT INSTRUCTOR NAME] is authorized to reproduce course materials.
5. This documentation of compliance and appointment may not be further delegated, expires three (3) years from the date of issuance, and may be revoked without cause and at the sole discretion of the Division CQM Manager.
6. Point of contact is the undersigned at [INSERT PHONE NUMBER], or [INSERT EMAIL ADDRESS].

# [INSERT SIGNATURE]

# [INSERT DIVISION CQM COURSE MANAGER NAME]

Division CQM Course Manager

CF: [INSERT ANY OFFICES/PERSONNEL FURNISHED A COPY]