

**APPOINTMENT/QUALIFICATIONS OF CONTRACTING OFFICER**

The proponent agency is NGB-ZC-PARC. The prescribing directive is National Guard Federal Acquisition Regulation Supplement (NGFARS).

**PRIVACY ACT STATEMENT**

1. *AUTHORITY: 10 USC, Section 1724 and Executive Order 9397.*
2. *PRINCIPAL PURPOSE: To determine if the individual meets the qualification requirement to serve in an acquisition position as a contracting officer with authority to award and administer contracts in conformance with the Defense Acquisition Workforce Improvement (DAWIA).*
3. *ROUTINE USES: None.*
4. *DISCLOSURE: Voluntary. Failure to complete contracting officer warrant data requested will result in nonissuance of a contracting officer warrant.*

\_\_\_\_\_ REQUEST FOR APPOINTMENT

\_\_\_\_\_ REQUEST FOR RENEWAL

\_\_\_\_\_ RECORD DATE

INSTRUCTIONS FOR COMPLETING THIS FORM: Include only the information requested (i.e., do not include training completed that is not pertinent to this request. List DAU courses or equivalent only.)

TO: (PARC, NGB)

THRU: (USPFO)

THRU: Supervisory Contract Specialist (SCS)

THRU: MSG (If applicable)

FROM: (UNIT ADDRESS)

LAST NAME - FIRST NAME - MIDDLE:

SSN:

MILITARY RANK, MOS/AFSC

CURRENT JOB TITLE, SERIES, CIVILIAN GRADE:

LENGTH OF GOVERNMENT PROCUREMENT EXPERIENCE  
(1101, 1105 Series, 97A/B, 65XX\*, 65XXX\*, 6C0XX\*)  
(\* "X" = Variable)

YRS & MOS: \_\_\_\_\_

CURRENT APPOINTMENT WILL EXPIRE:

DATE

CERT NO.

AMOUNT

\_\_\_\_\_

STATUS: (Check One)

\_\_\_\_\_ ARNG TECHNICIAN\*

\_\_\_\_\_ ANG TECHNICIAN\*

\_\_\_\_\_ AGR (32 USC 502 (F))

\_\_\_\_\_ DA OR DAF CIVILIAN EMPLOYEE (5 USC 2105)

\*EXCEPTED OR COMPETITIVE

TYPE APPOINTMENT REQUESTED:

TERM

TYPE

DOLLAR LEVEL

\_\_\_\_\_ INDEFINITE

\_\_\_\_\_ FULL-TIME

\_\_\_\_\_ UNLIMITED

\_\_\_\_\_ 2 YEARS

\_\_\_\_\_ CONTINGENCY

\_\_\_\_\_ INDEFINITE

\_\_\_\_\_ 1 YEAR

\_\_\_\_\_ LIMITED

(Amount Requested)

\_\_\_\_\_ SAP IAW FAR Part 13

**CONTRACTING EXPERIENCE**

UNIT OR FIRM:

DATES (FROM - TO):

POSITION HELD:

<b>FORMAL CONTRACTING SCHOOLS (DAU/EQUIVALENT COURSES ONLY)</b>		
COURSE TITLE:		DATE SUCCESSFULLY COMPLETED:
<b>ADDITIONAL DAU TRAINING REQUIRED</b>		
COURSE TITLE:		DATE REQUESTED:
TYPED NAME AND GRADE OF APPLICANT:	SIGNATURE	DATE:
UNIT:	PHONE (COMM):	DSN:
<b>VERIFICATION AND APPROVALS</b>		
<p>APPLICANT IS FULLY QUALIFIED AND I RECOMMEND APPOINTMENT. (Fully qualified means that the individual has met all mandatory requirements in accordance with PL 101-510, dated 05 Nov 90.)</p>		
TYPED NAME AND GRADE : (CDR/AIR GUARD UNIT IF APPLICABLE)	SIGNATURE	DATE:
TYPED NAME AND GRADE : (Supervisory Contract Specialist)	SIGNATURE	DATE:
<p>APPLICANT'S QUALIFICATIONS WERE VERIFIED AND I CONSIDER THE APPLICANT FULLY QUALIFIED.            CERTIFICATION OF USPFO: APPLICANT'S QUALIFICATIONS HAVE BEEN VERIFIED AND ARE IN ACCORDANCE WITH PL 101-510, DATED 5 NOV 90.            I CERTIFY THAT THIS INDIVIDUAL WILL PERFORM THE CONTRACTING FUNCTIONS AT THE DOLLAR AMOUNT REQUESTED.</p>		
TYPED NAME AND GRADE: (USPFO)	SIGNATURE	DATE: