

APPOINTMENT/QUALIFICATIONS OF CONTRACTING OFFICER

(The proponent is NGB-AQ.)

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC, Section 1724 and Executive Order 9397.

PURPOSE: To determine if the individual meets the qualification requirements to serve in an acquisition position as a contracting officer with the authority to award and administer contracts in conformance with the Defense Acquisition Workforce Improvement Act (DAWIA).

ROUTINE USES: None.

___ 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)	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: <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width:33%;">DATE</td> <td style="text-align: center; width:33%;">CERT NO.</td> <td style="text-align: center; width:33%;">AMOUNT</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	DATE	CERT NO.	AMOUNT	_____	_____	_____
DATE	CERT NO.	AMOUNT					
_____	_____	_____					

STATUS: (check one) <input type="checkbox"/> ARNG TECHNICIAN* <input type="checkbox"/> ANG TECHNICIAN* <input type="checkbox"/> AGR (32 USC 502 (F)) <input type="checkbox"/> DA OR DAF CIVILIAN EMPLOYEE (5 USC 2105) *EXCEPTED OR COMPETITIVE	TYPE APPOINTMENT REQUESTED <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width:33%;">TERM</td> <td style="text-align: center; width:33%;">DOLLAR LEVEL</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Indefinite <input type="checkbox"/> 2 Years <input type="checkbox"/> 1 Year </td> <td style="text-align: center;"> <input type="checkbox"/> Unlimited <input type="checkbox"/> Indefinite <input type="checkbox"/> Limited _____ (Amount Requested) <input type="checkbox"/> SAP IAW FAR Part 13 </td> </tr> </table>	TERM	DOLLAR LEVEL	<input type="checkbox"/> Indefinite <input type="checkbox"/> 2 Years <input type="checkbox"/> 1 Year	<input type="checkbox"/> Unlimited <input type="checkbox"/> Indefinite <input type="checkbox"/> Limited _____ (Amount Requested) <input type="checkbox"/> SAP IAW FAR Part 13
TERM	DOLLAR LEVEL				
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CONTRACTING EXPERIENCE:

UNIT OR FIRM	DATES (FROM - TO)	POSITION HELD

**FORMAL CONTRACTING SCHOOLS
(DAU/EQUIVALENT COURSES ONLY)**

COURSE TITLE	DATE SUCCESSFULLY COMPLETED

ADDITIONAL DAU TRAINING REQUIRED

COURSE TITLE	DATE REQUESTED

TYPED NAME AND GRADE OF APPLICANT NAME: _____ UNIT: _____ DSN: _____	SIGNATURE	DATE
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VERIFICATION AND APPROVALS

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 5 Nov 90.)

TYPED NAME AND GRADE (COMDR/AIR GUARD UNIT IF APPLICABLE)	SIGNATURE	DATE
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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.

TYPED NAME AND GRADE (USPFO)	SIGNATURE	DATE
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