



**US Department Of Justice  
Federal Acquisition Certification in Contracting (FAC-C)  
Application**

*To request certification, complete and submit this form with the applicable FAC-C standards checklist. Electives should indicate course name and provider, # of hours, and date completed. Submit copies of all back-up documentation, diplomas and/or certificates to your supervisor for inclusion in your certification file. Back-up documentation verifying dates of hire, successful completion of training, or previous contracting certification shall be maintained in the individual's certification file along with this document.*

**A. EMPLOYEE INFORMATION**

Printed Name (As requested on certificate)	
Title, Series, & Grade/Payband	
Organization (Name & Address)	
Action requested	<input type="checkbox"/> FAC-C Level I <input type="checkbox"/> FAC-C Level II <input type="checkbox"/> FAC-C Level III

**B. EDUCATION** (Please provide a copy of college transcript)

I have \_\_\_ /do not have \_\_\_ a 4-year course of study leading to a bachelor's degree with a major in any field.

I have \_\_\_ do not have \_\_\_ 24 semester hours in a combination of the following fields: accounting, business, finance, law, contracts, purchasing, economics, industrial management, marketing, quantitative methods, or organizational management.

I was \_\_\_ /was not \_\_\_ in the GS-1102 series before January 1, 2000.

**C. EXPERIENCE** (Provide copy of resume detailing experience)

Minimum of one year contracting experience (SERIES 1102). Yes \_\_\_ No \_\_\_

Minimum of two years contracting experience (SERIES 1102). Yes \_\_\_ No \_\_\_

Minimum of four years contracting experience (SERIES 1102). Yes \_\_\_ No \_\_\_

**D. TRAINING** (Attach copies of all certificates)

Previously held certification from another Federal agency (*Attach a copy of certification*)

- Name of Agency: \_\_\_\_\_
- Date Certification Issued: \_\_\_\_\_

Provide documentation that applicant has maintained the validity and currency of previously held certification through completion of 80-CLPs.

\*Electives must comprise a minimum of 16 hours of assignment or individual specific learning identified as developmentally beneficial for the individual's current position or career progression as determined by the supervisor. Electives must have been acquired during the last five (5) years.



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Course name	Date completed
CON 100 SHAPING SMART BUSINESS ARRANGEMENTS - or  _____	
Course Name & Provider	
CON 110 MISSION SUPPORT PLANNING - or  _____	
Course Name & Provider	
CON 111 MISSION STRATEGY EXECUTION - or  _____	
Course Name & Provider	
CON 112 MISSION PERFORMANCE ASSESSMENT - or  _____	
Course Name & Provider	
CON 120 MISSION FOCUSED CONTRACTING - or  _____	
Course Name & Provider	
Elective	

**FAC-C Level II (meets Level I requirements)**

Course name	Date completed
CON 202 INTERMEDIATE CONTRACTING - or  _____	
Course Name & Provider	
CON 204 INTERMEDIATE CONTRACT PRICING - or  _____	
Course Name & Provider	
CON 210 GOVERNMENT CONTRACT LAW - or  _____	
Course Name & Provider	
Elective	
Elective	

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FAC-C Level III (meets Level I & II requirements)

Course name	Date completed
CON 353 Advanced Business Solutions for Mission Support - or  _____	
Course Name & Provider	
Elective	
Elective	

**E. SIGNATURES**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature on document certifies information contained is true and accurate to the best of employee knowledge.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature on document certifies that supervisor has reviewed application and recommends the individual for certification.

**Component ACM Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature on document certifies that the ACM has reviewed the application and concurs with the supervisor's recommendation for certification for the individual.

**BPC (or designee) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature on document certifies that the BPC has reviewed the application and approves the above individual for certification.

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