

**APPOINTMENT/QUALIFICATIONS OF CONTRACTING OFFICER**

The proponent agency is NGB-PARC. The prescribing directive is National Guard Acquisition Manual (NGAM).

**PRIVACY ACT STATEMENT**

1. **AUTHORITY:** 10 USC, Section 1724
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)
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THRU: Supervisory Contract Specialist (SCS)	THRU: MSG (If applicable)
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FROM: (UNIT ADDRESS)

LAST NAME - FIRST NAME - MIDDLE:	MILITARY RANK, MOS/AFSC:
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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-collapse: collapse;"> <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-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">TERM</td> <td style="text-align: center; width: 33%;">TYPE</td> <td style="text-align: center; width: 33%;">DOLLAR LEVEL</td> </tr> <tr> <td style="text-align: center;">_____ FULL-TIME</td> <td style="text-align: center;">_____ CONTINGENCY</td> <td style="text-align: center;">_____ UNLIMITED</td> </tr> <tr> <td style="text-align: center;">_____ 2 YEARS</td> <td></td> <td style="text-align: center;">_____ LIMITED _____ <small>(Amount Requested)</small></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">_____ SAP IAW FAR Part 13</td> </tr> </table>	TERM	TYPE	DOLLAR LEVEL	_____ FULL-TIME	_____ CONTINGENCY	_____ UNLIMITED	_____ 2 YEARS		_____ LIMITED _____ <small>(Amount Requested)</small>			_____ SAP IAW FAR Part 13
TERM	TYPE	DOLLAR LEVEL											
_____ FULL-TIME	_____ CONTINGENCY	_____ UNLIMITED											
_____ 2 YEARS		_____ LIMITED _____ <small>(Amount Requested)</small>											
		_____ SAP IAW FAR Part 13											

**CONTRACTING EXPERIENCE**

UNIT OR FIRM:	DATES (FROM - TO):	POSITION HELD:
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<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: