PERSONAL QUALIFICATIONS STATEMENT
FOR APPOINTMENT AS CONTRACTING OFFICER

SECTION I - GENERAL

NAME OF NOMINEE	TITLE OF CONTRACTING ACTIVITY	CORRES. SYMBOL

TITLE OF POSITION TO BE HELD AS A CONTRACTING OFFICER	JOB SERIES	GRADE

SECTION II - EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?

☐ YES ☐ NO

NAME COLLEGES/UNIVERSITIES ATTENDED	ADDRESS *(City, State)*	NO. CREDITS COMPL.		TYPE OF DEGREE
		SEMESTER	QUARTER	

CHIEF UNDERGRADUATE SUBJECTS IN MAJOR FIELD OF STUDY	CHIEF GRADUATE SUBJECTS IN MAJOR FIELD OF STUDY

SECTION III - TRAINING

Special training (exclusive of the foregoing) in business administration, law, accounting, or related fields and completion of specialized courses in the field of Government procurement, assistance instruments, and sales. After entering information on training taken, enter information on courses scheduled to be taken to meet minimum qualifications for contracting officer appointment, indicating same by placing an asterisk after the entry under "year completed."

COURSE TITLE *(List most recent first)*	INSTITUTION	HOURS	COMPLETED

SECTION IV- PROFESSIONAL AFFILIATIONS

LIST ANY PERTINENT AFFILIATIONS WITH PROFESSIONAL SOCIETIES OR GROUPS

SECTION V- EXPERIENCE IN CONTRACTING FOR PAST 10 YEARS

EXACT POSITION TITLE	SUPERVISORY	CENTRAL OFFICE	DATES OF EMPLOYMENT
	☐ YES ☐ NO	☐ REGION _____	From: To: PRESENT TIME

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

WERE YOU A CONTRACTING OFFICER?	IF YES, LIST LIMITATIONS
☐ YES ☐ NO	

EXACT POSITION TITLE	SUPERVISORY	CENTRAL OFFICE	DATES OF EMPLOYMENT
	☐ YES ☐ NO	☐ REGION _____	From: To:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

WERE YOU A CONTRACTING OFFICER?	IF YES, LIST LIMITATIONS
☐ YES ☐ NO	

EXACT POSITION TITLE	SUPERVISORY	CENTRAL OFFICE	DATES OF EMPLOYMENT
	☐ YES ☐ NO	☐ REGION _____	From: To:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:

WERE YOU A CONTRACTING OFFICER?	IF YES, LIST LIMITATIONS
☐ YES ☐ NO	

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE AND ATTACH A BLANK SHEET OF PAPER

CERTIFICATION: I Certify that all of the information contained in this statement is true, complete, and correct to the best of my knowledge and belief, and is made in good faith.	SIGNATURE NOMINEE CONTRACTING OFFICER	DATE