

APPENDIX B



NOMINATION OF THE CONTRACTING OFFICER'S REPRESENTATIVE (COR)

This form is submitted by the COR nominee's supervisor to the cognizant contracting officer (CO) within the Office of Acquisition Management or Regional Contracting Office. The CO will send a signed copy of this form back to the nominating supervisor with approval or deny approval with reason. If approved, the CO will respond to this nomination, in writing, to both the COR nominee and the COR nominee's supervisor with a COR Appointment Memorandum. For additional information on the requirements for being a COR. Reference EPAAG 1.6.5 - Contracting Officer's Representatives Three-Tiered Program Policy.

1a. Name of Nominee	b. Title, Series, and Grade
c. Mailing Address: Mail Code: Street Address: City, State & Zip Code:	d. Organization/Office: e. Phone Number: f. E-mail Address

2. This COR nomination is for FAC-COR Level (Check appropriate block):

COR Type	FAC-COR Level I	FAC-COR Level II	FAC-COR Level III
Contract Level COR			
Delivery Order COR			
Work Assignment COR			
Task Order COR			
IA COR			
Simplified Acquisition COR			
Foreign Contract COR			
Alternate COR			
Other (Specify): _____			

3. Certification and Experience

- a. **Certification:** Current FAC-COR certification level _____ certificate attached (Y/N) _____
b. **Current CL Achievement Certificate,** (if applicable): Valid to _____ attached (Y/N) _____

4. Contract Number:

5. I find that the nominee is technically proficient and is certified at the appropriate FAC-COR Level for this nomination. I affirm that, if appointed, the COR will be provided sufficient time to execute the duties of a COR and to maintain certification through completion of required CLPs for the appropriate FAC-COR Level. I certify, if the COR nominee is appointed, that the PARs agreement for the COR nominee includes applicable language related to COR duties and responsibilities. I will notify the CO immediately if there is a need to change the appointed COR and nominate a replacement COR for the contract (s).

5a. Name of Nominee's Immediate Supervisor	5b. Signature of Nominee's Immediate Supervisor
	5c. Date 5d. Phone Number

6. I understand that my appointment as a COR is dependent on adequately performing my COR duties, following ethical standards of conduct for employees of the Executive Branch, and maintaining certification as prescribed in this policy. If any of these conditions are not met, I may be removed as the COR from this contract(s). I cannot redelegate my COR duties. In the event that I am unable to continue performing my COR duties, I will contact my supervisor and the contracting officer immediately. If applicable: I have filed the Office of Government Ethics Form 450, Confidential Financial Report, with the cognizant deputy Ethics official.

6a. Signature of Nominee	6b. Date
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Contracting Officer's Use Only

- ☐ I approve of the above nominated COR for FAC-COR level ____.
- ☐ I deny approval of the above nominated COR for FAC-COR level _____. Reason: _____

Contracting Officer Name (Print):

Signature:

Date: