

Contracting Officer (CO) Appointment / Warrant Eligibility Transfer /Termination Request					Date (dd-mmm-yyyy)	
<p><i>PRIVACY ACT STATEMENT: Title 10 USC 8013; Title 10 USC, Subtitle A, Chapter 87; FAR 1.602.</i></p> <p><i>PRINCIPLE PURPOSE: Submission of information and records necessary to support the appointment of contracting officers, establish warrant eligibility transfers and facilitate termination or reinstatements of contracting officer warrants.</i></p> <p><i>ROUTINE USES: None.</i></p> <p><i>DISCLOSURE IS VOLUNTARY: Evaluation of an individual for appointment of Contracting Officer cannot be properly completed if appropriate information is not provided. Failure to provide the information may result in the inability to determine qualifications.</i></p>						
TO (Appointing Authority)				FROM (Candidate's Immediate Supervisor)		
A. TYPE DESIGNATION REQUESTED						
<input type="checkbox"/> UNLIMITED		<input type="checkbox"/> LIMITED (Specify all limitations in Justification for Warrant block on page 2)		CHECK ALL THAT APPLY: <input type="checkbox"/> New appointment; <input type="checkbox"/> Warrant Reinstatement; <input type="checkbox"/> Warrant Eligibility Transfer; <input type="checkbox"/> Warrant Termination; <input type="checkbox"/> Procuring Contracting Officer (PCO); <input type="checkbox"/> Termination Contracting Officer (TCO); <input type="checkbox"/> Administrative Contracting Officer (ACO)		
B. IDENTIFICATION AND PERSONAL DATA						
CANDIDATE NAME (Last, First, Middle Initial)				GRADE/DESIGNATION/SERIES (Mil / Civ / Local National)		
CURRENT JOB TITLE / OFFICE SYMBOL				REQUIRES SPECIAL ACCOMMODATION FOR WARRANT TEST? (Specify)		
LENGTH OF SERVICE (Military or Civilian)		LENGTH OF GOVERNMENT CONTRACTING EXPERIENCE		LENGTH OF CONTRACTING EXPERIENCE OTHER THAN GOVERNMENT		
YEARS	MONTHS	MILITARY (YEARS/MONTHS)	CIVILIAN (YEARS/MONTHS)	YEARS	MONTHS	
C. ACQUISITION CERTIFICATION						
Attach Civilian Career Brief / Single Unit Retrieval and Format (SURF) for military candidate, or copies of certificate(s).						
CONTRACTING		CERTIFIED (dd-mmm-yyyy)		OTHER		CERTIFIED (dd-mmm-yyyy)
LEVEL I				LEVEL I		
LEVEL II				LEVEL II		
LEVEL III				LEVEL III		
D. PREVIOUSLY HELD WARRANTS						
Last three only - if none, so indicate.						
WARRANT TYPE (PCO, ACO, TCO, CCO)		LIMITED / UNLIMITED / FUNCTIONAL (Include Dollar Amount, if applicable)		WARRANT ISSUING ORGANIZATION		PERIOD WARRANT HELD (From - To)
E. RESUME OF EXPERIENCE						
Start with present position and work back (not more than 10 years). Or, attach resume and current Civilian Career Brief for civilian candidate, or SURF for military candidate.						
ORGANIZATION/OFFICE AND LOCATION			DATES (From - To)		POSITION TITLE	

F. MOST RECENT ACQUISITION-RELATED TRAINING

Other than APDP Required Training.
May attach Civilian Career Brief/SURF and/or ACQ NOW Transcript.

DATE COMPLETED	COURSE NUMBER / TITLE	DATE COMPLETED	COURSE NUMBER / TITLE

G. FORMAL EDUCATION

May attach Civilian Career Brief / SURF.

RECEIVED A BACCALAUREATE DEGREE FROM AN ACCREDITED EDUCATIONAL INSTITUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (Specify exception)		IF YES, YEAR OF GRADUATION	COMPLETED AT LEAST 24 SEMESTER HOURS IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Not applicable if warrant for less than Simplified Acquisition Threshold)
NAME OF SCHOOL		SUBJECT MAJORED IN	DEGREE EARNED, IF ANY
DATE	TYPED NAME OF CANDIDATE		SIGNATURE OF CANDIDATE

H. JUSTIFICATION FOR WARRANT

To be completed by requesting official.

1. Programs/workload to be covered by the appointment and number of buyers the CO will be responsible for (if applicable):
2. Recommended limitations of authority to be placed on the warrant (if none, so state):
3. Indicate if the proposed warrant is necessary due to expanded workload, or replacement of another CO (include name of CO being replaced):
4. Total number of personnel within the organization:
5. Number of warranted personnel by type of warrant currently held within the organization (e.g., Squadron/Flight/Branch):
6. Impact if warrant is denied:

I certify that the information contained herein has been verified against this candidate's personnel file and that this candidate is qualified to be considered for appointment.

DATE	TYPED NAME, RANK, TITLE OF REQUESTING OFFICIAL (e.g., CANDIDATE'S SPONSOR, IMMEDIATE SUPERVISOR)	SIGNATURE OF REQUESTING OFFICIAL
DATE	TYPED NAME, RANK, TITLE OF REVIEWING OFFICIAL (DESIGNATED FOCAL POINT)	SIGNATURE OF REVIEWING OFFICIAL
DATE	TYPED NAME, RANK, TITLE OF ADDITIONAL REVIEWING/ENDORING OFFICIAL (IF USED BY MAJCOM/DRU)	SIGNATURE OF REVIEWING/ENDORING OFFICIAL
DATE CANDIDATE PASSED CO WARRANT TEST		DATE OF WARRANT BOARD (if applicable)
<input type="checkbox"/> APPROVED FOR APPOINTMENT Remarks, if any:		<input type="checkbox"/> DISAPPROVED Remarks:
DATE	TYPED NAME, RANK, TITLE OF APPOINTING OFFICIAL	SIGNATURE OF APPOINTING OFFICIAL
APPOINTMENT NUMBER ASSIGNED ON SF1402:		DATE OF APPOINTMENT ON SF1402:

I. TERMINATION OF APPOINTMENT		
REASON FOR TERMINATION		
FOR CAUSE (EXPLAIN—requires SCO/SCCO signature)		REASSIGNMENT Date:
		EMPLOYMENT TERMINATED Date:
DATE	TYPED NAME, RANK, TITLE OF TERMINATION OFFICIAL	SIGNATURE OF TERMINATION OFFICIAL
J. WARRANT ELIGIBILITY TRANSFER 1		
ELIGIBILITY TRANSFER TO (GAINING SCO/SCCO):		
LOSING SCO/SCCO or DESIGNEE COMMENTS / RECOMMENDATION:		
The signature below confirms that this CO has maintained proficiency in an acquisition position within the Air Force and is eligible for warrant transfer for the same amount as the current warrant without testing or meeting a CO Review Board.		
DATE	TYPED NAME, RANK, TITLE OF LOSING SCO/SCCO OR DESIGNEE	SIGNATURE OF LOSING SCO/SCCO OR DESIGNEE
<input type="checkbox"/> APPROVED Remarks, if any: <input type="checkbox"/> WARRANT NOT REQUIRED Remarks:		
TYPED NAME, RANK, TITLE OF GAINING APPOINTING OFFICIAL (SCCO/SCO or designee)		SIGNATURE OF GAINING APPOINTING OFFICIAL
APPOINTMENT NUMBER ASSIGNED ON SF1402		DATE OF APPOINTMENT ON SF1402
K. WARRANT ELIGIBILITY TRANSFER 2		
ELIGIBILITY TRANSFER TO (GAINING SCO/SCCO):		
LOSING SCO/SCCO or DESIGNEE COMMENTS / RECOMMENDATION:		
The signature below confirms that this CO has maintained proficiency in an acquisition position within the Air Force and is eligible for warrant transfer for the same amount as the current warrant without testing or meeting a CO Review Board.		
DATE	TYPED NAME, RANK, TITLE OF LOSING SCO/SCCO OR DESIGNEE	SIGNATURE OF LOSING SCO/SCCO OR DESIGNEE
<input type="checkbox"/> APPROVED Remarks, if any: <input type="checkbox"/> WARRANT NOT REQUIRED Remarks:		
TYPED NAME, RANK, TITLE OF GAINING APPOINTING OFFICIAL (SCCO/SCO or designee)		SIGNATURE OF GAINING APPOINTING OFFICIAL
APPOINTMENT NUMBER ASSIGNED ON SF1402		DATE OF APPOINTMENT ON SF1402

CONTINUATION SHEET

(You may use this area for additional space or to update information that was provided in sections **A** through **I** for a previous action.)