

CONTRACTOR VERIFICATION FORM FOR AFIT/CE

1. Course Information

a. Course Number and Name: _____

b. Course Dates: _____

c. CEUs: _____

d. *Cost: _____

2. Student Information

a. Name: _____

b. Home Full Address: _____

3. Company/Firm Information

a. Name: _____

b. Street Address: _____

c. Suite/PO Box: _____

d. City, ST Zip: _____

4. Payee

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Company

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Student

5. Contracting Officer Representative (COR)

a. Name: _____

b. Email: _____

c. I confirm the above member is a Private Sector Employee (i.e., contractor) employed by the company provided and this course is necessary for the performance of their duties.

Contracting Officer Representative

*Tuition is waived for the SMS BUILDER/PAVER series.