CONTRACTOR VERIFICATION FORM FOR AFIT/CE

1. Course Information

   a. Course Number and Name: _____

   b. Course Dates: _____

   c. CEUs: _____

   d. Cost: 0

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

   ☐ Company

   ☐ Student

5. Contracting Officer Representative (COR)

   a. Name: _____

   b. Email: _____

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

Contracting Officer Representative