



CONTRACTOR VERIFICATION FORM FOR AFIT/CE

1. Course Information

- a. Course Number and Name: _____
- b. Course Dates: _____
- c. CEUs: _____
- d. Cost: 0
(Tuition is waived for the SMS BUILDER/PAVER series.)

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., contractor) employed by the company provided and this course is necessary for the performance of his or her duties.

Contracting Officer Representative

Please ensure your COR signs this PDF digitally. To do so, be sure to **"Enable All Features"** after opening the document.