

AUTHORIZATION FOR CONTRACTORS TO ATTEND TRAINING

I affirm that the following individual(s) require the training provided by the listed course in order to perform their contractual duties.

Student Name(s): _____

Course Number: _____

Course Title: _____

Course Location: _____

Date of Course: _____

Government Representative Information:

Signature: _____

Printed Name: _____

Government Title: _____

☐ Contracting Officer

☐ Contracting Officer's Representative (COR)

☐ Contracting Officer's Technical Representative (COTR)

Contract Number: _____

Date: _____

Email: _____

Phone: _____

Authorization will be given to instructor on first day of class
or faxed to (918) 420-8031, DSN 956-8031