USACCE REQUEST FOR CONTRACTING OFFICER WARRANT
(ISSUE AND TERMINATION)

There are five categories of warrants issued by the USACCE PARC. They will be referred to as such throughout this worksheet.

- "Central Region" includes each of the USACCE Regional Contracting Offices and their suboffices, and the Wiesbaden Contracting Center.

Unlimited Warrant: This warrant has no monetary limitation. It may be issued to support Central Region (CR) missions; and peacekeeping, humanitarian and contingency (P/H/C) contract actions. Requesting official shall be the office chief.

Simplified Acquisition Procedures: This warrant is limited to the simplified acquisition threshold. It includes commercial items up to $5 Million. It may be issued to support CR missions and P/H/C contract actions. Requesting official shall be the office chief.

Simplified Acquisition Procedures – Contingency & Exercises: This warrant is issued solely in support of peacekeeping, humanitarian and contingency missions; and training exercises. All contract actions, to include commercial items, are limited to the simplified acquisition threshold. Requesting official shall be the USACCE S-3.

Limited Warrant: This warrant is limited to the execution of contractual documents not exceeding a specified dollar value. It may be issued to support CR missions and P/H/C contract actions. Requesting official shall be the office chief.

Unlimited Warrant Providing Additional Authority to Approve and Execute Grants, Cooperative Agreements and Other Transactions. This warrant has no monetary limitation other than those established by law, regulation, and directive. If you're not familiar with what its title covers, you need one of the other types of warrants. Its issuance is conditioned on individual circumstances.

Note: If you need guidance to complete this request, contact the USACCE PARC Policy Division at DSN 375-3240/5185.

1. **Warrant/action requested for** (name): _____
(First, Middle, Last)

Military Rank or Civilian Grade _____ Branch of Service: _____

2. **This is a/an:** (Check the appropriate blank)

a. _____ Initial Request

b. _____ Change from $ _____ to $ _____ limited warrant

c. _____ Change from _____ to _____ type of warrant

d. _____ Termination of existing warrant. Reason for warrant termination:_____.

3. Type of warrant requested: (Check the appropriate blank)

Unlimited _____ SAP _____ SAP-Contingency or Exercise (circle) _____

(Limited $_____(specify $ amt) Unlimited - Grants, Coop, & Other _____

4. Personnel Data. (Complete as pertains to individual for whom warrant is requested. If requesting warrant prior to arrival at a contingency location, complete as pertains to home station organization/unit. Otherwise, as pertains to current organization/station)

a. Organization/Unit: _____

b. Telephone Number: (indicate if DSN or Commercial)_____

c. FAX Number: (indicate if DSN or Commercial)_____

d. E-mail address: _____

5. This warrant is requested as a result of:

a. ____ A new employee

b. ____ A deployment or exercise to (place/name of exercise) _____

from: (date)_____ to: (date) _____

c. ____ A transfer or promotion from: (grade/rank, title) _____

to: (grade/rank, title) _____

6. Contracting Officer Qualifications:

DFARS requirements are provided herein to ensure that warrants are requested only for eligible individuals. (*Circle each that applies to the individual for whom this request pertains*.)

6.1 – Basic Qualifications

DFARS 201.603-2. In order to qualify to serve as a contracting officer with authority to award or administer contracts for amounts above the simplified acquisition threshold, a person must –

(a) Have completed all contracting courses required for a contracting officer to serve in the grade in which the employee or member of the armed forces will serve;

(b) Have at least 2 years experience in a contracting position;

(c) Have -

(i) Received a baccalaureate degree from an accredited educational institution; and

(ii) Completed at least 24 semester credit hours, or equivalent, of study from an accredited institution of higher education in any of the following disciplines: accounting, business finance, law, contracts, purchasing, economics, industrial management, marketing,

quantitative methods, and organization and management.

6.2 – DFARS Exceptions

There are exceptions to the requirements in para 6.1(c), above. (*Circle each that applies to the individual for whom this warrant is requested).*

(a) If on or before September 30, 2000, the individual for whom a warrant is requested occupied –

(i) A contracting officer position with authority to award or administer contracts above the simplified acquisition threshold *(provide details at paragraph 7)*; or

(ii) A position either as an employee in the GS-1102 occupational series or a member of the armed forces in an occupational specialty similar to the GS-1102 series;

(b) Is in a contingency contracting force (or will be for purpose warrant is requested); or

(c) Is an individual appointed to a 3-year development position. (Information on development Opportunities is contained in DoD Manual 5000.52-M, Acquisition Career Development Program).

6.3 – Detailed Data to Support Obligation Limit (Complete as it applies to the individual for whom this warrant is requested)

a. DAWIA Certification Level (Check appropriate blank)

Level I _____ Level II _____ Level III _____

b. Experience.

Completion of _____ years in a position of Government contracting or commercial purchasing (circle which one), or related field of _____

Indicate years of experience with Government Purchase Card (not the Travel card) _____ (years) and $_____ threshold per individual purchase

c. Education (check **ALL** that apply):

_____ Associate's degree in _____

_____ Baccalaureate degree in _____

_____ Masters degree in _____

_____ Completed at least 24 business semester credit hours (or the equivalent) of study from an accredited institution of higher education in any of the following disciplines: accounting, business finance, law, contracts, purchasing, economics, industrial management, marketing, quantitative methods, and organization and management.

7. Individual's Current or Previous Warrants.

a. Signify type of warrant by indicating obligation limit, if any, and whether it is a previous or current warrant or both (**not as applies to warrant requested**):

		Obligation Limit	Circle as Appropriate
____	Procuring Contracting Officer	_____	Previous / Current
____	Administrative Contracting Officer	_____	Previous / Current
____	Terminating Contracting Officer	_____	Previous / Current
____	Other. Specify: _____	_____	Previous / Current
____	No Warrant Previously Held		

b. Issuing office of respective warrant(s) indicated above: _____

_____

c. Has the nominee ever had a warrant revoked? _____ YES _____ NO

8. Signature of Individual to whom the warrant will be issued certifying correctness of information provided above. (*Optional, unless directed by Requesting Official*)

_____ _____ _____

(Signature) Printed Name Date

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SAMPLE MEMO TO ACCOMPANY WARRANT REQUEST WORKSHEET

(Office Symbol) (Date)

MEMORANDUM FOR USACCE PARC

1. In accordance with FAR 1.603, I recommend (Name of individual) be appointed as a Contracting Officer to enter into, administer, or terminate contracts, and to make related determination and findings:

2. Qualifying information, requested warrant type, and dollar limitation, if applicable, are provided on the enclosed Request For Warrant Worksheet.

(select paragraph 3 as appropriate)
3. (Name of Individual)'s signature on the enclosed worksheet certifies that he/she possesses the qualifications identified therein and those documented by his/her enclosed ACRB/ORB/DA Form 2 and 2A (insert as appropriate, here <u>and</u> in the list of Encls below). Note: If using this paragraph 3, ensure that the individual has signed the worksheet, on page 4)

3. I certify that the above named individual possesses the qualifications identified on the enclosed worksheet and those documented by his/her enclosed ACRB/ORB/DA Form 2 and 2A (insert as appropriate, here <u>and</u> in the list of Encls below).

3 Encls
1. Request For Warrant Worksheet
2. ACRB/ORB/DA 2 and 2A
3. DD FORM 577 JAN 04

Signature Block
Of Requesting Official**

***** NOTES:***

- ***The USACCE S-3 shall be the requesting official for SAP – Contingency & Exercises warrants.***
- ***The respective office chief shall be the requesting official for all other types of warrants.***

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.
PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.
DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY

1. NAME *(First, Middle Initial, Last)*	2. TITLE	3. DOD COMPONENT/ORGANIZATION

4. DATE *(YYYYMMDD)*	5. SIGNATURE

SECTION II - TO: APPOINTEE

6. NAME *(First, Middle Initial, Last)*	7. SSN	8. TITLE

9. DOD COMPONENT/ORGANIZATION	10. ADDRESS *(Include ZIP Code)*

11. TELEPHONE NUMBER *(Include Area Code)*	12. EFFECTIVE DATE OF APPOINTMENT *(YYYYMMDD)*

13. POSITION TO WHICH APPOINTED *(X one)*

☐ CERTIFYING OFFICER ☐ ACCOUNTABLE OFFICIAL ☐ OTHER *(Specify)*

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE:

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:

DoDFMR, Vol. 5, chapter 33;

SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.

16. PRINTED NAME *(First, Middle Initial, Last)*	17. SIGNATURE

SECTION IV - TERMINATION OF APPOINTMENT

☐	The appointment of the individual named above is hereby revoked.	18. EFFECTIVE DATE *(YYYYMMDD)*	19. APPOINTEE INITIALS

20. NAME OF COMMANDER/APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE

Reset

INSTRUCTIONS FOR COMPLETING
APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

This form may be used to:

1. Appoint certifying officers. Certifying officers are those individuals, military or civilian, designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher for payment.

2. Appoint accountable officials. Accountable officials are those individuals, military or civilian, who are designated in writing and are not otherwise accountable under applicable law, who provide source information, data or service to a certifying or disbursing officer in support of the payment process.

SECTION I.

1. Enter the name of the Commander/Appointing Authority.

2. Enter the Commander/Appointing Authority's title.

3. Enter the Commander/Appointing Authority's DoD Component/Organization location.

4. Enter the date the form is completed.

5. The Commander/Appointing Authority must place his or her legal signature in the block provided.

SECTION II.

6. Enter the Appointee's name.

7. Enter the Appointee's social security number.

8. Enter the Appointee's title.

9. - 11. Enter the name, complete address, and telephone number of the DoD Component/Organization activity to which appointed.

12. Enter the date the appointment is to be effective.

13. Mark X in the appropriate box indicating the purpose for the appointment.

14. Describe in detail the duties the Appointee will be required to perform, to include types of payments, records and vouchers for which authorized (specifying the applicable disbursing station symbol number(s) affected), and any other pertinent information.

15. List all regulations the Appointee must review and follow in order to adequately fulfill the requirements of the appointment.

SECTION III.

16. - 17. The Appointee shall print his or her name and enter his or her legal signature in the spaces provided.

SECTION IV.

Completing this section will terminate the original appointment as of the effective date. If partial authority is to be retained, a new DD Form 577 must be completed.
Mark X in the box provided to indicate the appointment is being revoked.

18. Enter the date the termination is effective.

19. The Appointee will initial in the space provided acknowledging revocation of the appointment.

20. - 22. The Commander/Appointing Authority must place his or her name, title and legal signature in the spaces provided.