# Selection Committee Member

# Competency Certification

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| Contact Information | |
|  | |
| Name |  |
| Company |  |
| Title |  |
| Street Address |  |
| City ST ZIP Code |  |
| Work Phone |  |
| Fax |  |
| E-Mail Address |  |

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| Professional Registration/Licensure | | |  |
| Please list professional registrations you hold and registration/license numbers if applicable. This would include registration as an architect or engineer in Arizona, LEED certification, etc. | | | |
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| Type | Registration/License # | | Registering Body |
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| Contractor’s License |
| If you are serving on this committee as a senior management employee of a licensed contractor, provide your firm’s Arizona Registrar of Contractors License Number(s). |
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| |  |  |  | | --- | --- | --- | | License Number | License Type | Brief Description | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
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| Special Skills or Qualifications |
| Summarize your areas of expertise, special skills and qualifications you have acquired from employment, and number of years of experience that establish your competence for serving on this selection committee. |
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| Certification of Evaluation Panel Training | |
| **I have attended Evaluation Panel Training conducted by the Procurement Department within the last 12 months.**    **YES NO** | |
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| Agreement and Signature | |
| I affirm that the above statements are current and accurate. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |