# 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.  |
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| Name (printed) |  |
| Signature |  |
| Date |  |