

DOE COR PROGRAM- COR NOMINATION FORM

Name (Last, First, Middle initial):

Email Address:

Phone:

Program Office:

Program Office Address:



I have reviewed the qualifications of _____ and I have determined that he/she meets the requirements to perform the duties of a COR.

Name: _____
(Executive's Name)

Signature: _____
(Executive's Signature)

Date:

(Electronic signatures authorized)

Send Signed COR Nomination Form to the Site Acquisition Career Manager (SACM)