

APPENDIX B

COMPANY OFFICERS' INFORMATION SHEET

Complete a copy of this appendix for each person identified in Paragraph 6.5 of AS-1 Part 2, and Paragraph 6.3 of AS-3 Part 2.

If responsibilities are combined, only one copy of this appendix is necessary for each person; however, all functions must be covered in one or another of the copies of this appendix that are submitted.

Company Name: _____ Date _____

B.1. Person's Name: _____

B.2. Position Title: _____

B.3. Business Phone: _____

B.4. Cell Phone: _____

B.5. E-Mail Address: _____

B.6. Work Address: _____

City: _____ State: _____ Postal/Zip Code: _____ Country: _____

B.7. Position Title(s) Check all that apply:

<input type="checkbox"/> CEO	<input type="checkbox"/> QA Manager	<input type="checkbox"/> Environmental, Safety, and Health Manager	<input type="checkbox"/> Hazardous Waste Manager
<input type="checkbox"/> Hazardous Material Manager	<input type="checkbox"/> Training Manager	<input type="checkbox"/> Training Instructor	<input type="checkbox"/> Project QA Manager
<input type="checkbox"/> Project QC Inspector	<input type="checkbox"/> Project Environmental, Safety, and Health Manager	<input type="checkbox"/> Project Hazardous Waste/Hazardous Material Manager	<input type="checkbox"/> Competent Person
<input type="checkbox"/> Qualified Person	Other: _____		

B.8. Certifications held related to the position (s). No Change
 Description: _____

B.9. Expected or required Training, Certification, or Experience: No Change
 Description: _____

B.10. List the core duties and responsibilities. Responsibilities must include specific assignment of responsibilities for the assigned programs (QA/QC, Training, Environmental, Safety and Health, Hazardous Waste/Hazardous Material, Competent Person assignments, etc.): No Change
 Description: (or attach job description)