

APPENDIX F

COMPANY OFFICERS' INFORMATION SHEET

AS-3 INDEPENDENT TRAINING ORGANIZATION (ITO)

Complete a copy of this appendix for **each** person identified in AS-3 ITO 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"/> Facility Manager	<input type="checkbox"/> QA/QC Skills Instructor (if applicable)	<input type="checkbox"/> Environmental Safety and Health Instructor (if applicable)
<input type="checkbox"/> Trade Skills Training Instructor	<input type="checkbox"/> Project QA Manager	<input type="checkbox"/> Other (Provide Description)

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 training programs as appropriate (QA/QC, Trade Skills, Environmental, Safety and Health, Hazardous Waste/Hazardous Material, Competent Person, etc.): No Change
 Description: (or attach job description)