Coordinator Nomination Request Form

(Fax Form to DPM or APC)

Requested by: _____ Telephone No. _____

Title of Requestor: _____

Signature of Requestor: _____ Date: _____

APC or LAPC Name: _____

Agency/Location: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Copy of Training Certificate Attached: ☐ Yes ☐ No

User ID: _____ (Enter if existing LAPC)

Qualifications: ☐ 1102 ☐ 1105 ☐ Other _____

Acquisition Training
Requirements Met:
☐ Yes ☐ No (if no, state when training requirements will be met to qualify as LAPC)

_____

For APC Use Only (Processing and Reporting Hierarchy Levels):

Processing: Agent ☐ Company ☐ Division ☐ Department ☐

Reporting: Level 1 00012 Level 2 01201 Level 3 ☐ Level 4 ☐

Level 5 ☐ Level 6 ☐ Level 7 ☐

Rec'd Date _____ Reject Date _____

Reject Reason:

☐ Does not meet qualification requirements

☐ Other _____