



**EASTERN AREA NATIONAL BUYING TEAM AUTHORIZATION  
STATEMENT TEAM APPLICATION FOR CY 2015 *Application*  
period 04/07-24/2015**

**PLEASE INDICATE THE POSITION(S) THAT YOU WISH TO BE CONSIDERED ON THE EASTERN AREA NATIONAL BUYING TEAM:**

- \_\_\_\_\_ Buying Team Leader (BUYL) – Must be a GS-1105 or 1102
- \_\_\_\_\_ Deputy Buying Team Leader - Must be a GS-1105 or 1102
- \_\_\_\_\_ Alternate Buying Team Leader
- \_\_\_\_\_ Buying Team Purchasing Agent (GS-1105)
- \_\_\_\_\_ Alternate Buying Team Purchasing Agent (GS-1105)
- \_\_\_\_\_ Buying Team Member (BUYM)
- \_\_\_\_\_ Alternate Buying Team Member

**TRAINING:** Please indicate the date(s) training was completed or when you anticipate taking the training. **Submit a copy of your training certificate along with your application. *Micro-Purchase authority (\$2500) is a minimum pre-requisite for membership.***

**1. Required Training (Mandatory)**

**Date Completed**

- S-260, Interagency Incident Business Management (*latest rev 2/2008*) \_\_\_\_\_
- I-100, Introduction to Incident Command System \_\_\_\_\_
- IS-700, National Incident Management System, an Introduction \_\_\_\_\_
- IS-800, National Response Plan, An Introduction (only required for Leaders) \_\_\_\_\_

**2. Recommended Supplemental Training**

**Date Completed**

- I-200, Basic Incident Command System \_\_\_\_\_
- D-110, Dispatch Recorder \_\_\_\_\_
- S-261, Applied Interagency Incident Business Management \_\_\_\_\_
- Incident Procurement Training (NTC 1500-60) \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**Grade/Title/Series:** \_\_\_\_\_ **Warrant Level** (if applicable): \_\_\_\_\_

Please provide a copy of SF 1402 (Certificate of Appointment) or copy of micro-purchase authority documentation, as applicable.

**Authority Threshold:**

- 1102 Series – Level \_\_\_\_\_ \$ \_\_\_\_\_
- 1105 Series – Level \_\_\_\_\_ Supplies: \$ \_\_\_\_\_ Services: \$ \_\_\_\_\_
- Construction: \_\_\_\_\_
- Non-Procurement Series - Supplies: \$ \_\_\_\_\_ Services: \$ \_\_\_\_\_
- Construction (Light): \$ \_\_\_\_\_ Micro-Purchase Authority: \$ \_\_\_\_\_

***Please attach a copy of your IQCS/IQS master report for documentation of incident and training experience.***

**AUTHORIZATION:** It is agreed that if \_\_\_\_\_ is selected for the  
*(Buying Team Applicant)*  
Eastern Area National Buying Team that he/she will be available to perform these duties, except  
in cases of utmost emergency at his/her home unit.

**UNIT/LOCATION/CLUSTER ORGANIZATION:** \_\_\_\_\_

**JOB TITLE, SERIES, & GRADE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER (Work):** \_\_\_\_\_ **(Home):** \_\_\_\_\_

**(Cell phone):** \_\_\_\_\_ **(Other):** \_\_\_\_\_

**Buying Team Member:** \_\_\_\_\_  
**Signature** **Date**

**Immediate Supervisor:** \_\_\_\_\_  
**Signature** **Date**

The cardholder listed above is in good standing and current with reconciliation of recent purchases.

Local Area Program Coordinator of the FS Purchase Card Management System or Agency Purchase Card Coordinator

\_\_\_\_\_  
**Signature** **Date**

**This Authorization Statement will commit the participant to the Buying Team until December 31, 2015. This statement should be updated/approved annually and submitted to EACC.**