



Danny Rhynes Interagency Training Center
602 S. Tippecanoe Ave.
San Bernardino, CA 92408
(909) 382-2984 Fax (909) 382-4192
Email: drtc@fs.fed.us

Memorandum

DATE: April 6, 2016

SUBJECT: COR Training – Level II Certification (Full Course)

TO: Course Participant

You have been selected to attend the COR Training – Level II Certification (Full Course) at the Danny Rhynes Training Center on April 18-22, 2016. Class will begin at 0800 hours on Monday, April 18 and conclude at approximately 1630 on Friday, April 22.

This five-day course provides the contracting officer's representative (COR) with complete and comprehensive coverage on contract formation and administration issues.

Course objectives: The format covers the competencies listed in the *COTR Training Blueprint* (written by the Federal Acquisition Institute), and it meets agency requirements for COTR certification. The course highlights include development of requirements documents, standards of conduct, documentation needs, inspection procedures, changes, terminations, and disputes. This session also covers the micro-purchase process and requirements.

Casual civilian dress is appropriate for this course. This means attire suitable for public contact (no shorts, tank tops, flip flops, etc).

If you need directions or hotel accommodations, please visit the Danny Rhynes Training Center website at:

<http://www.fs.usda.gov/goto/sanbernardino/travel>

Any questions regarding this course can be directed to the Danny Rhynes Interagency Training Center at (909) 382-2984.

Kristel Johnson

Danny Rhynes Training Center Manager/Forest Training Officer

**PRE-REGISTRATION FORM
DANNY RHYNES INTERAGENCY TRAINING CENTER**

FAX: 909-382-4192 or email to drtc@fs.fed.us

ALL Blocks MUST be Completed

Course Title: COR II – Full Course **Date:** April 18-22, 2016

Trainee Name _____ **Email** _____

Agency:

FS: Forest: _____ District: _____

Region _____ Unit: _____

Other Agency: _____ *(Ranger Unit/Station)*

(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)

Work

Address: _____
(Mailing Address of your unit headquarters.) *(City – State – Zip Code)*

Phone Number: _____ **Cell Number:** _____

Supervisor Name/Title _____ **Phone:** _____

Training Officer Name: _____ **Phone:** _____

**RETURN THIS FORM TO THE
TRAINING CENTER
BY COB:**

Monday, April 11, 2016