

CERTIFICATION APPLICATION FOR TRI-SERVICE CERTIFIED COST PROFESSIONALS

I. PERSONAL AND GOVERNMENT INFORMATION

Name _____
 Office Symbol/Code _____
 Agency Name _____
 Agency Address _____
 Job Title _____ Telephone Number () _____
 Supervisor _____ Telephone Number () _____

II. ACADEMIC TRAINING

<i>Name and Address of Institution</i>	<i>From</i>	<i>To</i>	<i>Date of Graduation</i>	<i>Degree Received</i>

If not a graduate, hours required for degree _____. Hours earned _____

III. Registration/Licenses/Certification Held:

State: _____

License Number: _____

Type or Field: _____

State: _____

License Number: _____

Type or Field: _____

IV. WORK EXPERIENCE:

From _____ To _____ Title _____

Agency name and full mailing address: _____

Immediate Supervisor _____ Telephone () _____

Duties _____

From _____ To _____ Title _____

Agency name and full mailing address: _____

Immediate Supervisor _____ Telephone () _____

Duties _____

From _____ To _____ Title _____

Agency name and full mailing address: _____

Immediate Supervisor _____ Telephone () _____

Duties _____

If additional space is required, please provide this information on a blank sheet of paper.

IV. AFFIRMATION

To complete this certification process, I will execute the necessary documents, submit to written examinations as required, be present for oral interviews if necessary, and supply further information as determined by the Tri-Service Cost Engineering Certification Board (hereafter will be referred to as the Certification Board). I further understand, and by my signature subscribe to the "Principles of Ethical Conduct for Government Officers and Employees" (Executive Order 12674, see encl. 1), with the knowledge that any false statement or misrepresentation that I may make in the course of these certification proceedings may result in the revocation of this application.

Further, it is agreed that:

- a. all information and data submitted with this application will be used by the Certification Board only to verify the qualifications of the applicant, and such information will not be divulged to any other person.
- b. the applicant hereby authorizes the Certification Board to investigate and verify all information, references, and other data and attachments to this application.
- c. the applicant agrees to hold all information, interview contents, examination, and other certification matters in the strictest confidence. Such information shall not be copied or divulged in any way.

Signature of Applicant _____ Date _____

Signature of Supervisor _____ Date _____

TRI-SERVICE COST PROFESSIONAL EXAMINATION STUDY GUIDE

The following areas will be covered on the examination and the applicant will be expected to review documentation that addresses all of the following areas:

- 1) Parametric cost estimating
- 2) Detailed quantity take-off cost estimating
- 3) Construction plans and specifications
- 4) Primary and supporting facility costs
- 5) Weighted guideline profit procedures
- 6) Construction contract bond requirements
- 7) Indirect and direct contract costs
- 8) Amendment/addendum procedures
- 9) Change order/modification procedures
- 10) Quantity and conversion calculations
- 11) Sequencing of construction inspections
- 12) The Davis-Bacon Act
- 13) Construction scheduling
- 14) Minimum contract requirements for the prime contractor
- 15) Economic analysis of alternatives
- 16) Determination of the low bidder when additives are included
- 17) Labor burden
- 18) Operation and Maintenance (O&M) construction limitations
- 19) Types of construction contracts
- 20) Advertising process for construction contracts
- 21) DD Form 1391
- 22) DOD guidance costs
- 23) Gross Receipt Tax