



# Florida Certified Contract Negotiator (FCCN) Application (PUR 2011)

In accordance with paragraph 287.057(17)(b), Florida Statutes, and Rule 60A-1.041, Florida Administrative Code, this form is used by Florida Governmental Entity employees to apply for certification as a Florida Certified Contract Negotiator (FCCN). Please direct any questions to [purtraining@dms.fl.gov](mailto:purtraining@dms.fl.gov).

## Applicant Information

**First Name \***

**Middle Initial**

**Last Name \***

**Agency \***

**Division**

**Office**

**Position Title \***

**Phone Number \***



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## Applicant Information

**First Name \***

**Middle Initial**

**Last Name \***

**Agency \***

**Other Florida Governmental Entity \***

**Division**

**Office**

**Position Title \***

Phone Number \*

Email Address \*

People First ID

Street Address \*

City \*

State \*

ZIP \*

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## Certification Type

Please indicate whether the applicant is seeking initial certification or recertification. \*

- Initial     Recertification

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## Experience Requirements

Please list the negotiation experience used to meet the experience requirements for certification or recertification. Documentation for each identified procurement must be included with this application and may include sign-in sheets, appointment memos, meeting invites, communication records, etc. **Solicitation documentation naming the procurement officer may not be sufficient to demonstrate negotiation experience.** You must have led two negotiation teams or participated in three negotiated procurements in the preceding five years.

**Negotiated Procurement 1 \***

- Led     Participated

City \*

State \*

ZIP \*

---

### Certification Type

Please indicate whether the applicant is seeking initial certification or recertification. \*

Initial     Recertification

Initial Course Completion Date \*

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Initial     Recertification

Recertification Course Completion Date \*

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### Negotiated Procurement 1 \*

Led  Participated

### Negotiated Procurement 1 Title \*

### Negotiated Procurement 1 Statutory or Rule Authority \*

### Negotiated Procurement 1 Date \*

### Negotiated Procurement 2 \*

Led  Participated

### Negotiated Procurement 2 Title \*

### Negotiated Procurement 2 Title \*

### Negotiated Procurement 2 Statutory or Rule Authority \*

### Negotiated Procurement 2 Date \*

## Position Requirements

A position description(s) that provides evidence of meeting the position requirements for certification or recertification must be included with this application.

**Does the applicant possess at least twelve months of experience as a purchasing agent, contract manager, or contract administrator for an agency or local government entity, where the job description for the position required that at least half of the employee's designated duties included procuring commodities or contractual services, participating in contract negotiation, contract management, or contract administration? \***

## Required Attachments

This form is not complete unless it is submitted along with the required documentation,

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### Negotiated Procurement 1 \*

Led  Participated

### Negotiated Procurement 1 Title \*

### Negotiated Procurement 1 Statutory or Rule Authority \*

### Negotiated Procurement 1 Date \*

### Negotiated Procurement 2 \*

Led  Participated

### Negotiated Procurement 2 Title \*

### Negotiated Procurement 2 Statutory or Rule Authority \*

### Negotiated Procurement 2 Date \*

### Negotiated Procurement 3 \*

Led  Participated

### Negotiated Procurement 3 Title \*

### Negotiated Procurement 3 Statutory or Rule Authority \*

### Negotiated Procurement 3 Date \*

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Yes

## Required Attachments

This form is not complete unless it is submitted along with the required documentation, as listed below. Attach the required documentation using the File Upload section below and select the checkbox next to each of the following items to acknowledge that the required documentation has been provided.

- Documentation for each procurement identified by the applicant in the Experience Requirements section above. \*
- Position description(s) that provides evidence of meeting the position requirements for certification or recertification, as identified by the applicant in the Position Requirements section above. \*

### File Upload \*

Drag and drop files here or [browse files](#)

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No

**Does the applicant possess at least twelve months of experience as an agency attorney whose duties included providing legal counsel to the agency's purchasing or contracting staff? \***

Select

Yes

This form is not complete unless it is submitted along with the required documentation, as listed below. Attach the required documentation using the File Upload section below and select the checkbox next to each of the following items to acknowledge that the required documentation has been provided.

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### File Upload \*

Drag and drop files here or [browse files](#)

### Affirmation

- I hereby affirm that the statements and information set forth herein are true and correct, and that any false statements or omission may result in forfeiture of this certification and all other certifications issued by the Department of Management Services. \***

PUR 2011

Revised: 07/2022

Incorporated by Reference: 60A-1.041, F.A.C.

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Drag and drop files here or [browse files](#)

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PUR 2011

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- Send me a copy of my responses

[Submit](#)



**Middle Initial**

**Last Name \***

**Agency \***

Select

- Agency for Health Care Administration
- Agency for Persons with Disabilities
- Department of Agriculture and Consumer Services
- Department of Business and Professional Regulation
- Department of Children and Families
- Department of Citrus
- Department of Corrections
- Department of Economic Opportunity
- Department of Education
- Department of Elder Affairs
- Department of Environmental Protection
- Department of Financial Services

**Email Address \***

**Middle Initial**

**Last Name \***

**Agency \***

Select

- Department of Environmental Protection
- Department of Financial Services
- Department of Health
- Department of Highway Safety and Motor Vehicles
- Department of Juvenile Justice
- Department of Law Enforcement
- Department of Legal Affairs
- Department of Management Services
- Department of Military Affairs
- Department of Revenue
- Department of State
- Department of the Lottery
- Department of Transportation

**Email Address \***

**Middle Initial**

**Last Name \***

**Agency \***

Select ▼

- Department of Transportation
- Department of Veterans' Affairs
- Division of Administrative Hearings
- Division of Emergency Management
- Executive Office of the Governor
- Fish and Wildlife Conservation Commission
- Florida Commission on Offender Review
- Florida School for the Deaf and the Blind
- Justice Administrative Commission
- Public Service Commission
- State Courts System
- Other Florida Governmental Entity

**Email Address \***