

Date:

From:

Subj: Warrant Rescission

To: Deputy Senior Procurement Executive (003A2)

Thru: Director, Procurement Policy and Warrant Management Service (003A2A)

1. Organization/NCO (i.e., Construction and Facilities Management, Network Contracting Office 1, Strategic Acquisition Center) requests the following warrant(s) be rescinded pursuant to the Veterans Affairs Acquisition Regulation (VAAR), Part 801.690-7(a). The warrant is rescinded for the following reason: *(Select the appropriate reason below:)*
 - a. *There is no longer a need for the appointment;*
 - b. *There has been a personnel action such as a resignation, retirement, transfer;*
 - c. *Unsatisfactory performance;*
 - d. *Alleged official misconduct pending criminal or administrative investigations;*
 - e. *Failure to meet training or skills currency requirements;*
 - f. *A contracting officer taking an action that exceeds his or her authority;*
 - g. *Blatant disregard for adhering to acquisition regulations, policies and procedures; or*
 - h. *Situations similar to those identified above that may require remedial action.*
 - i. *FAC-C Certification has expired or has been revoked.*
2. Contracting Officer's information:
 - a. Name: *Contracting Officer's full name*
 - b. GS Series:
 - c. Grade:
 - d. Warrant Level: I, II, or III
 - e. Warrant No.:
 - f. Issuance date:
 - g. Expiration date: (if applicable)
3. The original warrant is attached to this memo. The individual's authority to make award in all Veterans Affairs contract writing systems has been revoked or restricted.

4. I hereby certify this statement is accurate to the best of my knowledge.

| | | |
|---|---------------|--------------------|
| _____ Supervisor's Printed Full Name | _____ Date | _____ Signature |
|---|---------------|--------------------|

Approved/Disapproved:

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|---|---------------|--------------------|
| _____ (if appropriate) Printed Full Name of the NCM | _____ Date | _____ Signature |
|---|---------------|--------------------|

Approved/Disapproved:

| | | |
|---------------------------------------|---------------|--------------------|
| _____ Printed Full Name of the HCA | _____ Date | _____ Signature |
|---------------------------------------|---------------|--------------------|