**LOCAL WORKFORCE DEVELOPMENT BOARD**

**CERTIFICATION REQUEST**

**[I/We]** certify that **[I am/we are]** authorized to request certification of the \_\_\_\_\_\_\_\_\_

**[*INSERT NAME OF LWDB*]** for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[*INSERT* *NAME OF LOCAL WORKFORCE DEVELOPMENT AREA*].** This certification is for the Workforce Innovation and Opportunity Act period ending June 30, 2023.

This request includes documentation demonstrating the Local Workforce Development Board Membership composition.

Submitted on behalf of the Local Elected Official(s) for this Local Workforce Development Area.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature – Local Elected Official) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name and Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature – Local Elected Official) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name and Title)