Name (First, MI, Last) Title (Agency/Business Name): WDB Sector Representation: **Street Address** a. Business b. Labor Organization \*\* City County c. Apprenticeship \*\* d. Community Based Org. (CBO) ZIP e. Ad Ed/Family Literacy State f. Higher Education g. Economic Development. Home Phone (include area code) Work Phone (include area code) h. Wagner-Peyser i. Rehabilitation Services j. Youth k. Other **FAX** Cell phone (include area code) Nomination New E-Mail Reappointment \*\* Organized Labor or Apprenticeship Organization: Please Specify local labor federation or building and trades council of affiliation Nominator (Applicable to Business & Labor Representatives **Action by Local Elected Official** I hereby recommend the above named person for membership on the Subject to the requirements of Section 107(b)(1) and (2) of the Local Workforce Development Board for Region VI service area. Workforce Innovation and Opportunity Act of 2014, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials of Region VI. Signature Date Term of Appointment: FROM TO Printed/Typed Name & Title of Nominator Signature of Chief Elected Official Date Nominator Organization **Certification of Chief Elected Official Chair** 

Signature of Chair

Date

FAX

Phone

E-Mail