

**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)