

Local Workforce Development Board Roster Certification Policy - Attachment B

WDB: _____ Date of this Submission/Update: _____

LWDA: _____

Indicate any vacant positions or other constituency represented as well.
(To add a row, highlight entire row, copy and paste. To delete a row, highlight entire row, and cut)

<u>Name/Address/Email</u> <u>Phone/Fax</u>	<u>Organization</u>	<u>Position</u>	<u>Business/Industry</u> <u>Represented</u> (Private Sector Only)	<u>Business</u> <u>Representation</u> <u>From</u> <u>Targeted</u> <u>Industry/</u> <u>Occupation?</u> (Yes/No)	<u>Term Start and Term End/New</u> <u>Nomination or Replacement For:</u>
A. BUSINESS REPRESENTATIVES					
B. WORKFORCE REPRESENTATIVES					

C. EDUCATION & TRAINING REPRESENTATIVES						
D. GOVERNMENT & ECONOMIC DEVELOPMENT REPRESENTATIVES						
E. OTHER REPRESENTATIVES						