

# I NOMINATION FORM

<b>1-Name</b> (First, MI, Last)		<b>2-LWDA #</b>		<b>3-Date</b>	
<b>4-Street Address</b>			<b>13-Nominee Characteristics</b>		
<b>5-City</b>		<b>6-County</b>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>7-State</b> Virginia		<b>8-ZIP</b>		Race:	
<b>9-Home Phone</b> (include area code)		<b>10-Work Phone</b> (include area code)		White <input type="checkbox"/> Black <input type="checkbox"/>	
<b>11-FAX</b>		<b>12-E-Mail</b>		Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
<b>15-LWDA Name</b>			<b>14-Recommended for</b> (see section number)		
<b>16-Labor/ CBO/ Apprenticeship Representative</b>			16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>		
Title _____ Labor <input type="checkbox"/> CBO <input type="checkbox"/> Organization Registered Apprenticeship <input type="checkbox"/>			17-Private Sector (Business) <input type="checkbox"/>		
<b>17-Private Sector (Business) Representative</b>			18-Education <input type="checkbox"/>		
Title _____ Business _____ Type of Business _____			19-VEC <input type="checkbox"/>		
<b>18-Education Representative</b>			20-Economic Development <input type="checkbox"/>		
Title _____ Institution _____ Title II <input type="checkbox"/> Community College <input type="checkbox"/> Career & Technical Education <input type="checkbox"/>			21-VDARS/VDBVI <input type="checkbox"/>		
<b>20-Economic Development Representative</b>			22-DSS <input type="checkbox"/>		
Title _____			23-Optional/Other <input type="checkbox"/>		
<b>24-Nominator</b>			<b>17-Private Sector (Business) Representative</b>		
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>			Title _____ Minority-Owned Business <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Female-Owned Business <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Number of Employees _____		
Signature _____ Date _____			<b>19-VEC Representative</b>		
Printed/Typed Name & Title of Nominator _____			Title _____		
Nominator Organization _____			<b>21-VDARS/VDBVI Representative</b>		
Phone _____ FAX _____			Title _____		
Email _____			<b>22-DSS Representative</b>		
			Title _____		
			<b>23-Optional/ Other Representative</b>		
			Title _____		
			Agency _____		
			<b>25-Action by Chief Elected Official</b>		
			Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 200-04 (2016) (Revised July 1, 2016) of the Virginia Board for Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.		
			Term of Appointment: From _____ To _____		
			Signature of Chief Elected Official _____ Date _____		