



**Commonwealth of Virginia
Workforce Innovation and Opportunity Act**

NOMINATION FORM

1-Name (First, MI, Last)		2-LWDA #		3-Date	
4-Street Address			13-Nominee Characteristics		
5-City		6-County		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
7-State Virginia		8-ZIP		Race:	
9-Home Phone (include area code)		10-Work Phone (include area code)		White <input type="checkbox"/> Black <input type="checkbox"/>	
11-FAX		12-E-Mail		Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWDA Name			14-Recommended for (see section number)		
16-Labor/ CBO/ Apprenticeship Representative			16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>		
Title _____		Organization _____		17-Private Sector (Business) <input type="checkbox"/>	
17-Private Sector (Business) Representative			18-Education <input type="checkbox"/>		
Title _____		Minority-Owned Business <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business _____		Female-Owned Business <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Business _____		Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>		Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>	
Number of Employees _____					
18-Education Representative			20-Organized Labor Representative		
Title _____		Title _____			
Institution _____		Affiliation _____			
Local Ed. <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Voc. Ed. <input type="checkbox"/>					
19-Economic Development Representative			21-One-Stop Partner Representative		
Title _____		Title _____			
		Partner/Entity _____			
23-Nominator			22-Optional/ Other Representative		
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>					
Signature _____		Date _____			
Printed/Typed Name & Title of Nominator _____					
Nominator Organization _____					
Phone _____		FAX _____			
E-Mail _____					
24-Action by Chief Elected Official					
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 _____	