**Attachment II**

**Provider of Career Service Application**

**Requesting Workforce Development Council Approval**

**Provider Application of:** Click here to enter text., dated: Click here to enter a date.

#1 is complete, including the Federal Employer Identification Number (FEIN) and

the State Tax ID#

#2-6 are complete

#7 is more than one year

The certification has been agreed to and signed (original copy in the file)

#10 A copy of the Accreditation, Licensure, or Registration

Type: Click here to enter text. Number: Click here to enter text. Expiration Date: Click here to enter a date. was provided

A copy of the current HIDOE License #: Click here to enter text. Expiration date: Click here enter a date. was provided

The applicant is exempt from HIDOE requirements and documentation was provided

#11 This is a non-governmental application

Certificate of Current Tax Clearance or a “Certificate of Vendor Compliance” issued within the past 6 months was provided

Certificate of Liability Insurance for $2 million with the required language was provided

This is a State of Hawaii agency or department

Assurances have been answered as “yes” (except for the web-based selection)

The complaint question was answered

The local board of Click here to enter name. County has *1)* approved this Provider application and affirms that the information provided above is accurate and *2)* has also approved the attached list of courses on Part B of the application.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Print): Click here to enter name.

Date: Click or tap to enter a date.

*Email this request to: DLIR.Workforce.Council@Hawaii.gov*