

Attachment 3

**Local Workforce Development Area:** \_\_\_\_\_

**LOCAL WORKFORCE DEVELOPMENT BOARD MEMBERSHIP CERTIFICATION REQUEST**

**\*\*\*This certification request must be submitted by March 31 of each even-numbered year.**

**Current LWDB Membership**

A. For each current member include the Nomination Form (Attachment 2) and resume, except for

- The Title II representative employed by the Department of Education.
- The representative of an institution of higher education employed by the University of Hawaii system;
- The economic development representative employed by a state or county agency.
- The representative of the State Employment Service Office under Wagner-Peyser.
- The representative of the State Division of Rehabilitation.

In the chart below, list the individuals currently appointed to the LWDB, their titles, and their respective membership category (e.g., business, local education entity, labor organization, community org, etc.).

	Name and Professional Title	Term Date	Organization	Nominated by	Membership Category
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

Total Number of Board Members: \_\_\_\_\_

Total Private Sector Members: \_\_\_\_\_

Percent of Board: \_\_\_\_\_ (not less than 51%)

Total Labor Members: \_\_\_\_\_

Percent of Board: \_\_\_\_\_ (not less than 20%)

**By signing this form, the Local Workforce Development Board Chairperson and Chief Local Elected Official request certification of its Local Board.**

**Local Workforce Development Board Chair**

**Chief Local Elected Official**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**The board meets the certification criteria**

**The board does not meet the certification criteria**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title