



# 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"/>		
<i>Title</i> Labor <input type="checkbox"/> CBO <input type="checkbox"/> <i>Organization</i> Registered Apprenticeship <input type="checkbox"/>			17- Private Sector (Business) <input type="checkbox"/>		
			18- Education <input type="checkbox"/>		
			19- VA Works <input type="checkbox"/>		
			20- Economic Development <input type="checkbox"/>		
			21- VDARS/VDBVI <input type="checkbox"/>		
			22- DSS <input type="checkbox"/>		
			23- Optional/Other <input type="checkbox"/>		
<b>17-Private Sector (Business) Representative</b>				Yes    No	
Title _____				Minority-Owned Business <input type="checkbox"/> <input type="checkbox"/>	
Business _____				Female-Owned Business <input type="checkbox"/> <input type="checkbox"/>	
Type of Business _____				Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>	
<b>18-Education Representative</b>			<b>19-VA Works Representative</b>		
Title _____			Title _____		
Institution _____					
Title II <input type="checkbox"/> Community College <input type="checkbox"/> Career & Technical Education <input type="checkbox"/>					
<b>20-Economic Development Representative</b>			<b>21-VDARS/VDBVI Representative</b>		
Title _____			Title _____		
			<b>22-DSS Representative</b>		
			Title _____		
<b>24-Nominator</b>			<b>23-Optional/ Other Representative</b>		
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>			Title _____		
Signature _____ Date _____			Agency _____		
Printed/Typed Name & Title of Nominator _____			<b>25-Action by Chief Elected Official</b>		
Nominator Organization _____			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.		
Phone _____ FAX _____			Term of Appointment: From _____ To _____		
Email _____			Signature of Chief Elected Official _____ Date _____		