

Attachment A

Organizational Identification Data Form

Workforce Services

1. IDENTIFYING DATA:

 **Complete the information below:**

|  |  |
| --- | --- |
| **Name of Organization** | **Ten-Digit Alpha-Numeric Code** |
|  |  |

#### B. Certification:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name of Authorized Representative Title of Authorized Representative

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Signature of Authorized Representative Date