



PIEDMONT REGION

Commonwealth of Virginia  
Workforce Innovation and Opportunity Act

**NOMINATION FORM A**  
**Local Workforce Development Board**

<b>1-Name (First, MI, Last)</b>		<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 Virginia</b>	<b>8-ZIP</b>	Race:	
<b>9-Home Phone (include area code)</b>	<b>10-Work Phone (include area code)</b>	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>		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>	
<b>16-Labor/ CBO/ Apprenticeship Representative</b>		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
Title _____ Organization _____		<b>14-Recommended for (see section number)</b>	
<b>17-Private Sector (Business) Representative</b>		16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>	
Title _____		17- Private Sector (Business) <input type="checkbox"/>	
Business _____		18- Title II AELA Provider <input type="checkbox"/>	
Type of Business _____		19- Economic Development <input type="checkbox"/>	
		20- VEC <input type="checkbox"/>	
		21- Community College" <input type="checkbox"/>	
		22- VDARS <input type="checkbox"/>	
		23- Career & Technical Education <input type="checkbox"/>	
		24- Optional/ Other <input type="checkbox"/>	
<b>18- Title II AELA Representative</b>	<b>21-Community College Representative</b>	Minority-Owned Business Yes <input type="checkbox"/> No <input type="checkbox"/>	
Title _____	Title _____	Female-Owned Business <input type="checkbox"/> <input type="checkbox"/>	
Institution _____	Institution _____	Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/>	
<b>19-Economic Development Representative"</b>	<b>22-VDARS Representative</b>	Number of Employees _____	
Title _____	Title _____		
Affiliation _____			
<b>20-VEC Representative</b>	<b>23-Career &amp; Technical Education Representative</b>		
Title _____	Title _____		
	Affiliation _____		
<b>25-Nominator</b>	<b>44/Qr v k p c r f Q v j g t T g r t g u g p w v k g</b>		
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>			
Signature _____ Date _____		Title _____	
Printed/Typed Name & Title of Nominator _____		Affiliation _____	
Nominator Organization _____		<b>26-Action by Chief Local Elected Official</b>	
Phone _____ FAX _____		Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 99-2 (Revised April 16, 2015) of the Virginia Board of Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.	
E-Mail _____		Term of Appointment: From _____ To _____	
		Signature of Chief Local Elected Official _____ Date _____	