**Certification of Participation in Department Approved Training**

Rev. 02/05/2019

**WIOA Dislocated Worker and TAA Trade Adjustment Assistant Training**



Montana Department of Labor & Industry

Unemployment Insurance Division

PO Box 8020

Helena, Montana 59604-8020

Fax to: (406) 444-2699

E-mail to: [UI411@mt.gov](mailto:UI411@mt.gov)

Helena Claim Center (406) 444-2545

Montana Relay: 711

(TO BE COMPLETED BY WORKFORCE SERVICES STAFF)

**LAST 4 DIGITS** OF

Participant Name:       SSN:

Date participant was approved for training:

Date current semester or term will begin:

Date current semester or term will end:

**(Program Operator – Include between school term break time in ending date. That is, ending date should be the Saturday of the week prior to next term start date provided participant is attending next school session. This does not apply to the three-month summer break.)**

Name of Training Facility:       Phone Number: (     )

Address of Training Facility:

*This is to certify that the individual named above is enrolled as a participant in the following Department approved training:*

Title I-B Workforce Investment Act Dislocated Worker (WIOA) **(L14 resolve code)**

Trade Adjustment Assistance (TAA) **(A14 resolve code)**

Co-enrolled in WIOA Dislocated Worker and TAA training **(A14 resolve code)**

*and will be attending training approved thereunder during the dates indicated.*

           

Certifying Program Operator Date Telephone Number

(Typed or printed)