LOCAL WORKFORCE DEVELOPMENT BOARD
CERTIFICATION REQUEST

[I/[redacted]] certify that [I am/[redacted]] authorized to request certification of the **Eastern Oregon Workforce Board** for the **Eastern Oregon** area. This certification is for the Workforce Innovation and Opportunity Act period ending June 30, 2018.

This request includes documentation demonstrating the Local Workforce Development Board Membership composition.

Submitted on behalf of the Local Elected Official([redacted]) for this Local Workforce Development Area.

Susan Roberts — 2-24-16
(Signature – Local Elected Official) (Date)

Susan Roberts Commissioner LEO
(Printed Name and Title)

(Signature – Local Elected Official) (Date)

(Printed Name and Title)