



**References**

List the name, contact information, and relation to the vendor for at least 3 references:

**ATTACHMENTS:** Please include the following information. Check off all items you are including with your application.

**Check List:**

|                          |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Program detail                        |
| <input type="checkbox"/> | Instructor resumes / Curriculum Vitae |
| <input type="checkbox"/> | Course materials                      |
| <input type="checkbox"/> | Program cost documentation            |
| <input type="checkbox"/> | Employer hiring commitments           |
| <input type="checkbox"/> | Other (describe):                     |

**Authorization**

I, the undersigned vendor (“Vendor”) attest that the information provided above is true and accurate. By signing this form, Vendor acknowledges the information above and on the attachments to this application is not misrepresented or untrue and that Vendor will inform Workforce Solutions if any of the information changes. Workforce Solutions reserves the right to remove a vendor from the Education and Training Vendor Network who is found to have misrepresented or presented information that is untrue as a part of this application.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Type/ Printed Signatory

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date