Certification of Participation in Department Approved Training – WIA Adult or WIA Youth

Montana Department of Labor & Industry
Unemployment Insurance Division
PO Box 8020
Helena, Montana 59604-8020

Billings Claims Processing Center
(406) 247-1000
Helena Claims Processing Center
(406) 444-2545

Fax: (406) 444-2699
Montana Relay: 711

Program Operator Name/Title: _________________________________
Address: ________________________________________________
_______________________________________________________

Participant Name: ________________________________ Last 4 Digits of 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 when entering the ending date. That is, the ending date should be the Saturday of the week prior to next term start date provided the 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 Dislocated Worker (WIA Adult) (L14A resolve code)
☐ Title I-B Dislocated Worker (WIA Youth) (L14Y resolve code)

and will be attending training approved there under during the dates indicated.

Certifying Program Operator ________________________________ Date __________________ Telephone Number __________________
(Typed or printed)