

Eligible Training Provider Appeal Form
WORKFORCE INVESTMENT BOARD OF TULARE COUNTY

Instructions: Local training providers seeking to appeal a notice of denial or a delisting must complete this Appeal form.

Section I: Training Provider Information

Training Provider Name:		CalJOBS Provider ID:
Address:		
City:	State:	ZIP Code:
Primary Phone:	Secondary Phone:	
Contact Person's Name:	Email address:	

Section II: Program Information: Please submit a separate Appeal form for each program.

Program Name:	CalJOBS Program ID:
Training Location (If different than school address):	

Section III: Provider Statement: Provide a detailed statement, which explains the reason for your appeal and the reasons why you disagree with the decision. Use the Training Provider Statement attachment section to include any supplementary information or supporting facts you believe are pertinent to your appeal.

Section VI: Assurances: Review the listed assurances and ensure all assurances declared are marked.

I hereby make the following assurances as part of this request:

- As the training provider representative, I have completed and submitted the annual CA Eligible Training Provider Assurances Form.
- The training program is for an in-demand industry or priority sector as identified by the state, region, or Local Board.
- The training program provides training services that lead to an industry-recognized credential, national or state certificate, or degree, including all industry appropriate competencies, licensing and/or certification requirements, or employment in a specific occupation after receiving measurable technical skills.

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Authorized Representative Name:	Title:
Signature of Authorized Representative:	Date:

WIB USE ONLY

Local ETPL Coordinator name:	Signature:	Date:
WIB Authorized Representative name:	Signature:	Date:

Note: Please print, sign (electronic acceptable, and submit this Appeal form by e-mail at TulareWIBETPL@Tularewib.org (preferred) or by mail to: Workforce Investment Board of Tulare County, 309 West Main, Suite 120, Visalia CA 93291.

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Training Provider Statement Attachment
Use additional sheets if needed.

(This area is intentionally left blank for the Training Provider Statement Attachment.)

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