



Signature of Authority for Training Facility Officials
Trade Act of 1974, Amended 2002 & 2015

<u>Trainee State ID</u>	<u>First</u>	<u>MI</u>	<u>Last</u>	<u>Enrollment Date</u>
<u>Petition Number</u>				

Name of Training Facility: _____

Address of Training Facility: Street _____

City _____ State ____ Zip Code _____

TAA FUNDED

Weekly Request for Allowances by Worker in Training, LB-0429
Individual authorized to sign claimant's weekly claim

_____	_____	_____	_____
Name	Date	Signature	Phone Number
Email _____			

Invoice TA-2
Individual authorized to bill the TN Department of Labor & Workforce Development for training cost

_____	_____	_____	_____
Name	Date	Signature	Phone Number
Email _____			

OTHER SOURCE OF FUNDING

Name of Entity Funding Training: _____

Address of Entity Funding Training: Street _____

City _____ State _____ Zip _____

Contact Name _____ Phone Number _____

Email _____

Weekly Request for Allowances by Worker in Training, LB-0429
Individual authorized to bill the TN Department of Labor & Workforce Development for training cost

_____	_____	_____	_____
Name	Date	Signature	Phone Number
Email _____			

Agency Representative Name: _____

Agency Representative Signature: _____ Date: _____