

Signature of Authority for Training Facility Officials

Trade Act of 1974, Amended 2002



Trainee SSN	Trainee Name	First	MI	Last	Enrollment Date
-------------	--------------	-------	----	------	-----------------

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
_____	_____	_____	_____

Invoice TA-2

Individual authorized to bill the TN Department of Labor and Workforce Development for training costs			
Name	Date	Signature	Phone Number
_____	_____	_____	_____

OTHER SOURCE OF FUNDING

Name of Entity Funding Training _____

Address of Entity Funding Training Street _____

City _____ State _____ Zip _____

Contact Name _____ Phone Number _____

Weekly Request for Allowances by Worker in Training, LB-0429

Individual authorized to sign claimant's weekly claim			
Name	Date	Signature	Phone Number
_____	_____	_____	_____

Agency Representative _____ Date _____