



# WORKFORCE DEVELOPMENT TRAINING FUND

## Additional Employer Information

### Employer Information (if separate from Applicant)

Legal Business Name:			
Physical			
Mailing Address:	City:	State:	Zip:
Telephone:		Fax:	Website:
Contact Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr.		
Job Title:		Email Address:	
Contact has authority to sign contracts for employer? Yes      No			
If no, provide full name and title for contact with authority to sign contracts.			
Name:		Title:	
FEIN:	WY Secretary of State Filing ID:		
WY UI No.:	WY Worker's Comp. #:		

### Employer Information (if separate from Applicant)

Legal Business Name:			
Physical			
Mailing Address:	City:	State:	Zip:
Telephone:		Fax:	Website:
Contact Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr.		
Job Title:		Email Address:	
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Name:		Title:	
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