

AUTHORIZATION FOR CONTRACTORS TO ATTEND TRAINING

I affirm that the following individual(s) require the training provided by the listed course in order to perform their contractual duties.

Student Name: _____

Student Name: _____

Course Title: _____

Is Course Web Based? (Y/N) _____

If Course is Classroom Training Please List:

Course Location: _____

Date of Course: _____

///SIGNED///

Title of Government Representative