

**LOCAL WORKFORCE DEVELOPMENT BOARD  
CERTIFICATION REQUEST**

I certify that I am authorized to request certification of the Eastern Oregon Workforce Investment Board for the Eastern Oregon Area. This certification is for the Workforce Innovation and Opportunity Act period ending June 30, 2025.

This request includes documentation demonstrating the Local Workforce Development Board Membership composition.

Submitted on behalf of the Local Elected Official(s) for this Local Workforce Development Area.

  
\_\_\_\_\_  
(Signature – Local Elected Official)

2 June 2023

\_\_\_\_\_  
(Date)

**Susan Roberts, CLEO**

\_\_\_\_\_  
(Printed Name and Title)