

Intent of Participation for Workforce Development Program (Driver Responsibility Fee Waiver)

Issued under authority of Public Act 165 of 2003, as amended.

INSTRUCTIONS: A completed form is required to determine your intent to participate in a Workforce Development Program. Failure to complete all required fields may result in a request being rejected or delayed. Carefully read and complete the entire form. Completed forms can be mailed to Michigan Department of Treasury, Office of Collections, PO Box 30149, Lansing MI 48909; faxed to 517-272-5561; or e-mailed to **Treas-DRFWorkforceWaiver@Michigan.gov**. Send only one (1) copy of the completed form for review and maintain a copy for your records.

Once this form has been submitted, you have 45 days to visit a workforce development agency, enroll in a qualifying program, complete 10 hours of workforce development training, and submit an approved *Verification of Participation in a Workforce Development Program (Driver Responsibility Fee Waiver)* (Form 5586).

APPLICANT INFORMATION			
Name (Last Name, First, M.I.)		Last Four Digits of Social Security Number XXX-XX-	
Street Address		Driver's License or State Identification Number	
City	State	ZIP Code	Telephone Number
CERTIFICATION			
By signing this document, I certify my intention to participate in and meet all requirements of a Workforce Development Program. I also certify that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission or concealment may subject me to disqualification from the Workforce Development Program.			
Signature			Date

Completed forms may be mailed, faxed or e-mailed. Send only one (1) copy of the completed form for review.

Mail the completed form to:
Michigan Department of Treasury
Office of Collections
PO Box 30149
Lansing MI 48909

Fax the completed form to:
517-272-5561

E-mail the completed form to:
Treas-DRFWorkforceWaiver@michigan.gov

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