

## Verification 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 participation in a Workforce Development Program. Failure to complete all required fields, including approval of the agency, 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.

**APPLICANT:** Complete the "Applicant Information" and "Certification" sections.

**LOCAL AGENCY:** Verify the applicant has completed and certified the form, and complete the "Official Use Only" section.

APPLICANT INFORMATION			
Name (Last Name, First, M.I.)		Last Four Digits of Social Security Number <b>XXX-XX-</b>	
Street Address		Driver's License or State Identification Number	
City	State	ZIP Code	Telephone Number
Workforce Program Title			
CERTIFICATION			
By signing this document, I 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	

This form is not complete until all requirements to participate in a Workforce Development Program have been met and verification from the agency has been completed in the section below.

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**

OFFICIAL USE ONLY	
Agency	Stamp of Approval
Location	
Signature of Verifier	
Date	