



# WORKFORCE DEVELOPMENT TRAINING FUND

## Additional Employer Information

### Employer Information (if separate from Applicant)

Legal Business Name:			
Physical Address:			
	City:	State:	Zip:
Mailing Address:			
	City:	State:	Zip:
Telephone:		Fax:	Website:
Contact Name:			
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)

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Physical Address:			
	City:	State:	Zip:
Mailing Address:			
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FEIN:	WY Secretary of State Filing ID:		
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