**CHICAGO COOK WORKFORCE PARTNERSHIP**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**

**LOCALLY APPROVED SELECTIVE SERVICE WAIVER**

Delegate Agency Name:

Customer Name:

Social Security Number: - -

Date of Birth:

Reason Customer Failed to Register for Selective Service (Customer Statement):

Customer Signature:

Date:

**Delegate Agency Determination:**

*In determining whether the failure was “knowing” or “willful,” the authorized delegate agency official should consider the following:*

* Was the individual aware of the requirement to register?
* If the individual knew about the requirement to register, was he misinformed about the applicability of the requirement to him?
* On which date did the individual first learn that he was required to register?
* Where did the individual live when he was between the ages of 18-26?
* Was the failure to register done deliberately and intentionally?
* Did the individual have the mental capacity to choose whether or not to register and decided not to?
* What actions, if any, did the individual take when he learned of the requirement to register?
* Based on a preponderance of evidence, that this customer’s failure to comply with the requirements of the Military Selective Service Act (to register for Selective Service) was not a “knowing and willful failure to register.”

Therefore, acknowledging that, this being the case, in compliance with Section 12(g) of the Military Selective Service Act (50 App. U.S.C. 462 (g)) this customer cannot be denied services to which he might otherwise be entitled, and thus are permitted to register this customer into the WIOA system.

Director/Site Manager Signature:

Date: