



MINNESOTA GI BILL - OJT/APPRENTICESHIP TRAINING VERIFICATION

| TO BE COMPLETED BY TRAINING ORGANIZATION | | |
|---|------------------------|--------------------------------|
| Applicant Name: | SSN: | |
| 1. Name of Training Organization | 2. Telephone Number | |
| 3. Training Facility Address | | |
| 4. City, State & Zip Code MN | 5. County | |
| 6. Length of Training Program Months | 7. Training Start Date | 8. Estimated Training End Date |
| 9. Point of Contact/Certifying Official | | |
| 10. Email | 11. Telephone Number | |
| 12. Certifying Official Signature | Date / / | |

For questions, please call 1.888.LinkVet or 651.201.8227