MINNESOTA GI BILL - OJT/APPRENTICESHIP TRAINING VERIFICATION

TO BE COMPLETED BY TRAINING ORGANIZATION		
Applicants Name		**Social Security Number**
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. Position Title	
8. Training Start Date	9. Estimated Training End Date	
10. Point of Contact/Certifying Official		
11. Email		12. Telephone Number
13. Point of Contact/Certifying Official Signature		Date / /

For questions, please call 1.888.LinkVet or 651.201.8227

Revised 9/26/22