# Application Cover Page

|  |  |
| --- | --- |
|  | **TWIC Use Only** |
| **TEXAS WORKFORCE INVESTMENT COUNCIL (TWIC)** | Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Application for Skill Standards Recognition**  | Logged in by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Delivered via: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Applicant: Name of ITAC or other submitting group |
|  |
| Mailing address |
|  |
| City, State, Zip |
|  |
| Project director or contact person Phone # Fax # Email |
|  |
| Occupation for which skill standards are being submitted |
| Recognition category sought (check one): \_\_\_\_ Recognized \_\_\_\_ Conditionally recognized |
| Skill standards submission type (check one): \_\_\_\_ New \_\_\_\_ Amendment \_\_\_\_ Update  |
| Group seeking recognition (check category that applies):  |
| \_\_\_\_\_ Texas industry group | \_\_\_\_\_ NSSB vol. partnership | \_\_\_\_\_ National industry group |
| \_\_\_\_\_ U.S. state authority | \_\_\_\_\_ Foreign country |  |
| \_\_\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The authorized signature below by the chair indicates that the skill standards endorsed by the ITAC meet all the necessary recognition requirements contained in the *Guidelines for Development, Recognition and Usage of Skill Standards*; that the ITAC agrees that the attached skill standards are public domain and shall be available for deposit in the Texas skill standards repository for public access and storage; that an ITAC representative agrees to meet (as needed) with a TWIC representative prior to formal recognition consideration of the submitted skill standards; and that the signer has the authority to commit the ITAC to the statements of commitment and agreement contained herein.  |
|  |
| Chair, ITAC (typed name and title) |
|  |
|  |
| Signature of ITAC chair Date |

**TEXAS WORKFORCE INVESTMENT COUNCIL USE ONLY**

|  |  |
| --- | --- |
| **Staff Evaluation** | **TWIC Action** |
| Recommendation:\_\_\_\_\_\_ Recognition \_\_\_\_\_\_ Recognized | Considered on TWIC meeting date:  |
| \_\_\_\_\_\_ No recognition \_\_\_\_\_\_ Conditionally recognized | Outcome: |
|  |  |
|  |  |
| Signature of reviewer/Date  | Signature of TWIC chair |