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**Selective Service Registration (SSR) Waiver**

**Information and Request Form**

Dear Program Applicant,

You have requested services that are funded, at least in part, by the federal or state government. To enroll in the program, the law requires that all males between age 18 – 25 be registered with the Selective Service System. However, you are not permitted to register after reaching age 26.

If you are age 26 or older and did not register, you may still be eligible to receive state or federally workforce services. The Military Selective Service Act [50 U.S.C. App. 462(8)(g)] states:

*A person may not be denied a right, privilege, or benefit under Federal law by reason of failure to present himself for and submit to registration under section 3 (section 453 of this Appendix) if –*

*(1) the requirement for the person to so register has terminated or become inapplicable to the person;* ***and***

*(2) the person shows by a preponderance of the evidence that the failure of the person to register was not a knowing and willful failure to register.*

The purpose of this provision is to allow you to receive a federal benefit (in this case workforce services) if you can show that you did not knowingly and willfully fail to register with Selective Service.

You may request a waiver from [**Name of Service Provider**] allowing you to receive these workforce services by providing the reasons you did not register on the attached form. You may include a copy of any documentation that you believe is helpful and supports your reasons. Provide the form and any documentation to your Career Planner.

We will review your request and documentation, and then inform you in writing of its decision.

[Insert Equal Opportunity Employer and Service Provider statement]

I, **[Full Name]**, an applicant of a federal or state funded training program, hereby acknowledge that I have received and understand the rules governing registering with the United States Selective Service System and receiving workforce services. I hereby request the [**Name of Service Provider]** to waive the Selective Service System registration eligibility requirement for the workforce services program to which I am applying.

Note: The organization must take your answers to the following questions into consideration when reviewing your waiver request, per US DOL Training and Employment Guidance Letter (TEGL) 11-11, Change 2.

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| 1. Were you aware of the requirement to register with the Selective Service?
 | [ ] Yes [ ]  No |
| If yes (you knew about the requirement to register), why did you think this requirement did not apply to you? |
| 1. On which date did you first learn that you were required to register?
 | Date: |
| 1. Were you a US Armed Forces service member released from the military before age 26?
 | [ ] Yes [ ]  No |
| 1. My reasons for failing to register are as follows:
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| 1. Attach additional pages or documentation if needed.
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I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that providing false or incomplete information during the application process could lead to termination from the program and/or penalties as specified by law. By signing below, I attest to the accuracy of this form.

|  |  |
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|  |  |
| Applicant Printed Name | **Applicant Date of Birth** |
|  |  |
| Applicant Signature | **Date Signed** |