

APPLICATION FORM

Name: _____

Department or Agency: _____

Mailing Address: _____

E-mail Address: _____

Office Telephone Number: () _____

Name of the workshop you plan to attend: _____

Note: If requesting attendance at the Advanced Agency Workshop, please ensure that the Basic Workshop for Compensation Specialists has been completed and that personnel have experience with OWCP processes.

Dates of the workshop you plan to attend: _____

REQUIRED Authorizing Official's Signature: _____

Title: _____ **Date:** _____

EMAIL OR MAIL YOUR APPLICATION AND OTHER TRAINING INQUIRIES TO:

E-mail address: zzOWCP-DFEC-KCM-TRAINING-REQUESTS-ALL@dol.gov

Mailing address:

Regional Communications Specialist
U. S. Department of Labor – OWCP
230 South Dearborn Street, Room 874
Chicago, IL 60604