

**OVR/OVRB
 REQUEST FOR WIOA- SECTION
 511/CAREER COUNSELING AND
 INFORMATION AND REFERRAL
 SERVICES**



INFORMATION ABOUT FACILITY REQUESTING SERVICES

Name of Facility				
Contact Person				
Address				
City		State		ZIP
Phone		E-mail Address		
Mailing address (required if different than training location)				
Date Training needs to be completed by				
Number of Individuals Needing CCIR				

MDRS USE ONLY

VR District Assigned		Date	
MDRS Staff Conducting Training			
Completion Date of Training			