Selective Service Registration Requirement & Waiver Form

WIOA Funded Programs
(Adult, Dislocated Worker, Youth, RR, NEG, Discretionary, Etc.)

**Background:**

On November 23, 2011, the U.S. Department of Labor issued TEGL 11-11 regarding Selective Service Registration Requirements for applicants to and participants in Workforce Investment Act funded programs, newly identified as Workforce Innovation and Opportunity Act (WIOA) funded programs as of July 1, 2015. TEGL 11-11 Change 2 was introduced and active as of May 12, 2012.

TEGL #11-11 Change 2 clarifies the implementation of the Selective Service registration requirements of the Workforce Investment Act (WIA) of 1998 § 189(h), codified at 20 CFR 667.250, and the Military Selective Service Act (50 U.S.C. App. 453), codified at 32 CFR Part 1605. This guidance clarifies that grantees, subgrantees, or contractors funded or authorized by Title I of WIA (WIOA) must set a policy for potential participants who are males 26 years old or older that failed to register with the Selective Service. The policy may either (1) request a Status Information Letter from a potential participant before making a determination of knowing and willful failure to register; or (2) initiate the process to determine if the potential participant’s failure to register was knowing and willful without the first requesting a Status Information Letter (see Section 4. Ensuring Selective Service Compliance in the Public Workforce System). This clarification replaces and supersedes prior guidance issued.

WA State Policy 1019 R4 which includes an Eligibility Policy Handbook – Attachment A, have also been updated to updated to verify Selective Service Requirements.

**Action Required of WIOA Program Operators:**

1. Continue to document Selective Service registration as an eligibility requirement before enrollment into a program. Or, in the case of males enrolled in a Youth program before their 18th birthday, document that the individual has registered no later than 30 days after his 18th birthday in order to continue the receipt of WIOA funded services.

2. Continue to submit waivers for applicants who did not register, dispose of all previous “Waiver Request for Selective Service” forms, and begin to use the updated waiver form dated March 27, 2017.

**References:**

- Selective Service website – www.sss.gov
Instructions for WIOA Program Operator:

1) Before submitting this waiver, go to the Selective Service website to verify that the applicant is not registered;
2) If they are not registered, ask the applicant for a copy of his Status Information Letter (SIL). Scan a copy of the SIL and send with this waiver. If the applicant does not have an SIL, they can request it on-line. Do not wait for the SIL to submit this waiver. Do provide the date of his request.
3) Ask the applicant to write or type a statement explaining why they did not complete the Selective Service registration. See TEGL 11-11 Change 2 for the type of information/documentation that the applicant may provide.
4) Complete & sign the form, scan waiver & attachments and send via email as directed.
5) You will receive an emailed either asking for more information or if the waiver is approved, you will receive a scanned copy with the Director’s signature. Allow 2-3 business days.

**FILL IN BELOW AND OBTAIN OTHER DOCUMENTATION**

Date:__________ Circle: Adult ☐ DW ☐ Youth ☐ Other ☐ County:__________

Applicant Name:________________________________________ Date of Birth:__________

Date Entered the USA (if applicable):______________________ MIS ID#:____________________

Is SIL attached:____yes _____no (if no, indicate date the SIL was requested:__________)

Send the following with the completed waiver form:

   a) A statement from the applicant that explains why he failed to register.
   b) Status Information Letter (or indicate the date this was requested from Selective Service).
   c) Copies of any documentation the applicant can provide to substantiate his statement.

** If the applicant has given you any reason to think that he knowingly or willfully failed to register for Selective Service, provide a statement as an attachment.

________________________________________
Staff Signature and Date

PacMtn Director of Workforce Programs Approved Denied Date