

Conditional Certification  
Work Opportunity Tax Credit

U.S. Department of Labor  
Employment and Training Administration



		OMB Approval No. 1205-0374 Expiration Date: 03/31/97
1. INITIATING AGENCY CODE (For Agency Use Only)  CODE: _____  _____ Participating Agency _____ SESA		2. CONTROL NO. (For Agency Use Only)  CONTROL NO. _____  _____ Participating Agency _____ SESA
3. TYPE OF CONDITIONAL CERT. (" / " One)  a. <input type="checkbox"/> Original      b. <input type="checkbox"/> Revalidation		4. DATE COMPLETED (Mo., Day, Yr.)
5. State Employment Security Agency's Name and Address	6. SIGNATURE (Authorized Official)	7. TELEPHONE NO.

**PART 1. INTRODUCTION**

8. NAME OF INDIVIDUAL (Last, First Middle)		9. SOCIAL SECURITY NO.
10. ADDRESS (Number, Street, City, State, Zip Code)	11. TARGET GROUP CODE (" / " One)  <input type="checkbox"/> Summer Youth (SY) Enter Code if not SY: _____	12. SIGNATURE

**NOTE TO EMPLOYER:**

13. The above named individual may be eligible for certification under the Work Opportunity Tax Credit (WOTC) program, as authorized under the IRS Code, Sec. 51. If the person is not employed before (Mo., Day, Yr.), this eligibility determination is subject to review.

In the event you hire this person, you should request the certification necessary for you to claim a Work Opportunity Tax Credit. Simply, complete the **Employer Declaration** below, mail to the **Designated Local Agency** together with the **PSN**, not later than the 21st. day after the applicant starts work, and the **Employee WOTC Certification Form** will be returned to you, if all statutory requirements have been met.

**PART II. EMPLOYER DECLARATION**

I, HEREBY, DECLARE that the above named person was or will be employed by:

14. NAME OF FIRM:	15. POSITION/JOB TITLE	16. EMPLOYMENT START DATE (Mo., Day, Yr.)	17. STARTING WAGE:  \$ _____ per hour
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Please send a WOTC certification for this employee. The certification is for the purpose of obtaining benefits of the WOTC, under Sec. 51 of the Internal Revenue Service. Employers are advised, that such credit will cease immediately upon notification of any subsequent invalidation. Employers are further advised that if the certification herein requested is for a member of the SUMMER YOUTH target group, the tax credit for which he/she may be eligible is subject to the limits described at Sec. 51 (d)(7) of the Internal Revenue Code.

**NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine of no more than \$10,000 or imprisonment of not more than 5 years.**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply to these requirements are mandatory as required by P.L. 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room N-4470, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0374).

**INTRODUCTION: CONDITIONAL CERTIFICATION FORM (CCF) ETA 9062.** When a SESA or participating agency has determined that a job-ready applicant is, tentatively **ELIGIBLE**, as member of a target group, for the WOTC program, it shall use the following **required form, without modification**, to show that an eligibility determination was made for the person named on this form.

**NOTE:** The Conditional Certification (CC) serves as an **official record** of the determination, alerts prospective employers to the availability of the tax credit if this person is hired, and provides a means for the employer to request a WOTC Certification for this person.

**INSTRUCTIONS FOR COMPLETING THE "Conditional Certification" FORM. (Boxes 1 - 13 are for participating agency and SESA use only)**

- Box 1: Initiating Agency Code.** If the CC was established by the participating agency, enter its code. SESAs assign codes to designate each participating agency to indicate the **initiating source** for the eligibility determination process. If the eligibility determination was performed by the SESA, enter the SESA code, if available. Indicate with a check mark "" if **initiating agency** is a Participating Agency or SESA.
- Box 2: Control Number.** In the majority of the cases, the participating agency determines the control number, however, SESAs may --for internal control purposes-- develop their own control number system. It may be a Social Security number, case number, or some other appropriate designation, which permits easy filing, identification and retrieval of forms. Enter corresponding Control Number and indicate with a check mark "" whether the source is a Participating Agency or SESA.
- Box 3: Type of Conditional Certification.** This system distinguishes between "**Original**," if the individual is being processed for the first time, or "**Revalidation**," if the eligibility process was performed within the previous 12-month period, 45 days for the Ex-Felon and Summer youth target groups only. Otherwise, the Conditional Certification is counted as "**Original**." Indicate with a check mark "" whether eligibility determination is "**Original**" or "**Revalidation**."
- Box 4: Date Completed.** Enter the month, day, year in which the eligibility determination was completed.
- Box 5: SESA Name and Address (if known), of the SESA responsible for processing Certifications' requests for the employer indicated in Box 14). LEAVE BLANK IF SESA NAME AND ADDRESS IS NOT KNOWN.** Otherwise, enter or stamp complete address, including zip code and telephone.
- Box 6: Signature.** Enter signature of the authorized conditionally-certifying official.
- Box 7: Telephone No.** Enter corresponding SESA or participating agency area code, telephone number and extension, if available.

**Part I. INTRODUCTION.**

- Box 8: Name of Individual.** Enter the individual's/applicant's full name (i.e., last name, first name and middle initial).
- Box 9: Social Security Number.** Enter the individual's/applicant's social security number.
- Box 10: Address.** Enter the individual's/applicant's home address, including apartment number, zip code and telephone number.
- Box 11: Target Group Code.** Enter a check mark () to indicate if "Summer Youth" or "Other," and enter code for specific target group if different from Summer Youth, based on client's information and documentation provided.
- Box 12: Signature.** Get individual's/applicant's signature. If a minor (under 18), parent or guardian must sign here.
- Box 13: CC Validity Period (This box is to be completed by the SESA or Participating Agency only).** Enter the month, day, year when the CC expires (e.g., 45 days for Ex-Felons and Summer Youth, and longer periods as appropriate for the five other target groups).

**Part II. EMPLOYER DECLARATION:**

- Box 14: Name of Firm.** Enter full name of the employing firm (the firm where the employee will actually work).
- Box 15: Position/Job Title.** Enter the position or job title in which the employee will be performing.
- Box 16: Employment Start Date.** Enter the date on which the employee has begun or will begin work for the employing firm.
- Box 17: Starting Wage.** Enter the wage or salary which the employee will be paid. If not known, enter an estimated wage to be paid.