

# TRAINING AUTHORIZATION LETTER

To: State of Connecticut WIC Program

Store Name: \_\_\_\_\_

Store Address: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, owner of the above-named store, will be unable to  
(Print Name)

attend the WIC Vendor Training on \_\_\_\_\_ at \_\_\_\_\_.  
(Date of Training) (Time)

I am authorizing \_\_\_\_\_,  
(Name of Employee Assigned to Attend Training) (Position or Title at the Store)

to attend the training on my behalf.

I have explained the training and application process to this individual, and understand that whoever I assign to attend WIC training will be responsible for training all other employees who handle WIC checks in the store. The employee will bring the completed application package to the training.

Signed:

Owner: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_  
(Owner's Signature)

Date: \_\_\_\_\_  
(Date Signed)