Exhibit B

PITTSBURGH PARTNERSHIP

PARTICIPANT START VERIFICATION FORM

I verify that the participant(s) below started training on the date identified.

SUBCONTRACTOR SIGNATURE:_____

SCHOOL/AGENCY:_____

DATE:_____

FAX TO:	**Jennifer Tupis**	**OR**	**Kelly Russell**	**at (412) 255-8909**
AND	**Carol Mounir**	**OR**	**Bill Thomas**	**at (412) 552-7051**

Participant Name	Social Security Number	Date Started