

**IBEW LOCAL 46**  
Work Recovery Program

**KITSAP – JEFFERSON COUNTIES - MATRIX**  
**Job Won Notification**

**\*\*THIS FORM MUST BE FILLED OUT AND EMAILED BEFORE START OF JOB TO:**

**[WRP@IBEW46.COM](mailto:WRP@IBEW46.COM)**

**ALL INFORMATION IS REQUIRED!**

**BID DATE:**

**IBEW Local 46 JOB # JK**

**PROJECT OWNER:**

**JOB NAME:**

**JOB LOCATION:**

**JOB START DATE: MO DAY YR**

**JOB FINISH DATE: MO DAY YR**

**ESTIMATED NUMBER OF JOURNEYMEN REQUIRED:**

**ESTIMATED JOURNEYMAN MAN-HOURS**

**ESTIMATED NUMBER OF APPRENTICES REQUIRED:**

**ESTIMATED APPRENTICE MAN-HOURS**

**YOUR CONTRACTOR'S NAME:**

**YOUR CONTRACTOR CONTACT PERSON:**

**TITLE:**

**STREET ADDRESS:**

**CITY / STATE / ZIPCODE**

**CONTACT PHONE:**

**EMAIL:**