

**IBEW LOCAL 46 FAX DISPATCH INFORMATION**  
**Email: dispatch1@ibew46.com      Fax: 253-395-6539**  
**Phone: 253-395-6530**  
**Due by 3:00 P.M. for next day dispatch.**  
**Please complete entire form before sending.**

Today's Date: \_\_\_\_\_ Report To: ☐ Project ☐ Shop ☐ Other (Specify below) \_\_\_\_\_

Date To Work: \_\_\_\_\_ Starting Time: \_\_\_\_\_

Number of Workers: \_\_\_\_\_ Classification: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Shop Phone: (       ) \_\_\_\_\_

Employer Address: \_\_\_\_\_ Shop Fax: (       ) \_\_\_\_\_

Transportation Premium in effect? ☐ YES ☐ NO

CWA Project? ☐ YES ☐ NO

PLA Project? ☐ YES ☐ NO

Market Recovery Project? ☐ YES ☐ NO If Yes, provide Market Recovery Project #: \_\_\_\_\_

Project Full Wages and Benefits? ☐ YES ☐ NO If NO, provide reduced rates: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Phone: (       ) \_\_\_\_\_

Project Address: \_\_\_\_\_

**TYPE OF CALL**

Long:  Short:  Approximate Length of Call: \_\_\_\_\_

Requested **45 Day Call Back (Wiremen only):** \_\_\_\_\_

Requested **90 Day Call Back (Teledata only):** \_\_\_\_\_

Requested **Call By Name (Residential, Marine, Stockman and Teledata only):** \_\_\_\_\_

Requested **Foreman By Name:** \_\_\_\_\_

Drug Testing Required by General Contractor? Yes ☐ No ☐

Clean Card Required? Yes ☐ No ☐

Tobacco Products Prohibited? Yes ☐ No ☐

Dept. of Justice **I-9 Form** Identification Required for Hire? Yes ☐ No ☐

Report To: \_\_\_\_\_ Authorized By: \_\_\_\_\_

Comments: \_\_\_\_\_

**Local 46 Job Reference Number:** \_\_\_\_\_