

IBEW LOCAL 46 PLA-CWA TRANSFER/DISPATCH REQUEST

Email: dispatch1@ibew46.com Fax: 253-395-6539

Phone: 253-395-6530

DISPATCH MUST BE NOTIFIED OF PLA/CWA TRANSFERS/DISPATCHES

Please complete entire form before sending.

Today's Date: _____ Report To: Project Shop Other (Specify below)

Transfer Date: _____ Starting Time: _____

Number of Workers: _____ Classification: _____

Employer Name: _____ Shop Phone: ()

Employer Address: _____ Shop Fax: ()

CWA Project? YES NO

PLA Project? YES NO

TO BE USED FOR LOCAL 46 DISPATCH PLA/CWA TRANSFERS ONLY

Employer Contact Name/Phone Number: _____

Project Name Transferred To: _____

Project Phone: ()

Project Address: _____

Project Name Transferred From: _____

Member's Name: _____ Member's SSN#: _____

TO BE USED FOR NON-LOCAL 46 PLA/CWA DISPATCH REQUESTS:

Long: Short: Approximate Length of Call: _____

Name: _____ Social Security Number: _____

Local Union #: Date of Birth: Classification: _____

Card Number: _____ Phone Number: ()

Address: _____

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: _____