

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: ()

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: _____