

IBEW LOCAL 46

Work Recovery Program

Job Won Notification – OCCUPIED PREMISES

(This is NOT the Unfunded WRP Form)

Please **EMAIL** the completed form in an editable format **only**
when you are notified that you have won the job

TO: wrp@ibew46.com

ALL INFORMATION IS REQUIRED!

BID DATE:

IBEW Local 46 JOB # OP

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

CONTRACTOR CONTACT PERSON:

CONTRACTOR'S NAME:

TITLE:

STREET ADDRESS:

CITY / STATE / ZIPCODE

CONTACT PHONE:

EMAIL:

EXISTING EMPLOYEES TO WORK ON PROJECT:

PLEASE LIST: FULL NAME / JW or APPRENTICE