

IBEW LOCAL 46 FAX DISPATCH INFORMATION

FAX: 253-395-6539 VOICE: 253-395-6530

Due by 3:00 P.M. for next day dispatch.
Please complete entire form before sending.

Today's Date:	Report To Job Or Shop:
Date To Work:	Starting Time:
Number of Workers:	Classification:
Employer Name:	
Shop Phone: ()	Shop Fax: ()
Employer Address:	
Job Name:	
Job Phone: ()	Job Fax: ()
Job Address:	

TYPE OF CALL

Long	Short	Approximate Length Of Call:
Requested Call Back Name:		
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
<i>(Please Check One Only)</i> Commercial Industrial Service Remodel T.I. Maintenance Marine		

Job Steward:
Report To:
Authorized By:
Comments:

PLEASE DO NOT WRITE IN THIS SECTION

Job Referral Number:	Employer Code:
Current Fringe Benefit Bond (indicate Yes or No)	