

REQUEST FOR ELIGIBILITY VERIFICATION

If you wish to have the IBT Election Supervisor verify your eligibility to run for Local Union Delegate or Alternate Delegate, or to Nominate or Second another member for Delegate or Alternate Delegate, please complete this form and submit it via mail, fax or e-mail to the address listed below.

Please type or legibly print the following information

Date of Local Union Nomination Meeting: _____

The Election Supervisor will not normally verify eligibility more than 30 days prior to a Local's Nomination Meeting

Member of: _____ Date of Request: _____

*Please check the appropriate circle **and** provide the remainder of the info being requested.*

IBT Local Union #: _____ GCC Local Union #: _____

BMWED System Federation: _____ BLET Gen. Comm. of Adjust. _____ & Division _____

Name _____ SS# (last 4 digits): _____
Last First MI

E-mail _____

Address _____
Street, City, State/Province, Zip/Postal Code

Home/Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____

Please Verify My Eligibility For: *(Please check one)*

Delegate/Alternate Delegate

Nominator/Seconder

Employer Name _____ Employer's Telephone Number (____) _____ - _____

Previous Employer _____ Previous Employer's Telephone #: (____) _____ - _____
Only necessary if you have made a job change within the past 24 months

ADDITIONAL INFORMATION: *If you are aware of any late dues payments, please provide an explanation on an attached sheet of paper; also, please explain any withdrawals or transfers during the past 24 months.*

This request must be received by the Election Office no less than five days prior to your Local Union's Nomination Meeting in order to be processed. Response will be sent via e-mail to the member.

**Office of the Election Supervisor for the
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