

# 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 fill out this form and submit it via mail, fax or e-mail to:

**Office of the Election Supervisor**  
for the **International Brotherhood of Teamsters**  
**1801 K Street, NW, Suite 421 L**  
**Washington, DC 20006**  
**Toll Free: (877) 317-2011**  
**Tel: (202) 429-8683**  
**Fax: (202) 429-6809**  
**ElectionSupervisor@IBTvote.org**

**IMPORTANT NOTE:** This request must be received by the Election Office *no less than five days prior* to your Local Union's Nominations Meeting in order to be processed. Also, the Election Supervisor will not normally verify eligibility more than 30 days prior to a Local's Nominations Meeting.

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Name \_\_\_\_\_ Date \_\_\_\_\_  
*Last First MI*

Social Security/Social Insurance Number \_\_\_\_\_ LU/System/GCA \_\_\_\_\_

Check one of the boxes below, if applicable.

- GCC                       BMW Division                       BLET Division

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_                      Work Phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Please Verify My Eligibility For** (*Check One*)

- Delegate/Alternate Delegate
- Nominator
- Seconder

Employer Name \_\_\_\_\_

Employer's Telephone Number ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Previous Employer \_\_\_\_\_  
*Only necessary if you have made a job change within the past 24 months*

Previous Employer's Telephone Number ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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**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.*