

ELECTION
SUPERVISOR
FORM 4

CANDIDATE INFORMATION SHEET

By providing the information requested, you consent to use of the information by the Local Union election committee or third-party administrator as well as the Office of the Election Supervisor for purposes of monitoring and enforcing compliance with the *Rules* of the 2025-2026 IBT International Union Delegate and Officer Election.

Name: _____ LU/GCA/SF # or Name _____
[Please print name as it is to appear on ballot]

Check one of the boxes below, if applicable:

☐ BMW Division of IBT Rail Conference

☐ BLET Division of IBT Rail Conference

Last 4 Digits of SSN/SIN (Optional): _____ Cell Phone: _____

Alternative Phone: _____

Home Address: _____

Email Address: _____

CANDIDATE IS RUNNING FOR:

☐ DELEGATE

☐ ALTERNATE

Nominator: _____

Home Address: _____

Email: _____

Phone: _____ ☐ Cell ☐ Business

Last 4 of SSN/SIN (Optional): _____

Second: _____

Home Address: _____

Email: _____

Phone: _____ ☐ Cell ☐ Business

Last 4 of SSN/SIN (Optional): _____

Nominator: _____

Home Address: _____

Email: _____

Phone: _____ ☐ Cell ☐ Business

Last 4 of SSN/SIN (Optional): _____

Second: _____

Home Address: _____

Email: _____

Phone: _____ ☐ Cell ☐ Business

Last 4 of SSN/SIN (Optional): _____