**Election Supervisor FORM 19**

# CREDENTIALED REPRESENTATIVE FORM FOR LOCAL UNION DELEGATE AND ALTERNATE DELEGATE ELECTIONS

I, _____, am a candidate
*(Printed Name of Candidate)*

for _____ and a member of:
*(Delegate or Alternate Delegate)*

IBT LU: _____/BLETD GCA: _____/BMWED SF: _____.
*(Please select one and fill in name or number)*

I hereby authorize _____, a member of
*(Printed Name of Credentialed Representative)*

IBT LU: _____/BLETD GCA: _____/BMWED SF: _____,
*(Please select one and fill in name or number. See eligibility notes below)*

whose mailing address is _____,
*(Street Address, City, State, Zip)*

and whose SSN/SIN ends in _____, to serve as my Credentialed Representative as
*(Last Four of SSN/SIN – Optional)*

defined in Article VII, Section 13 of the *Rules for the 2025-2026 IBT Delegate and International Officer Election.*

Signed: _____ Date: _____
(Signature of Candidate)

**Please retain a copy for your records and provide a copy to your Credential Representative.**

## ELIGIBILITY NOTES

- A Credentialed Representative must be a member of the same Local Union/System Federation or General Committee as the Delegate or Alternate Delegate candidate.
- However, for observing the printing, preparation and mailing of the ballots from a location of more than 100 miles away from the Local Union, the Delegate or Alternate Delegate candidate may designate any IBT member in good standing.