CREDENTIALED REPRESENTATIVE FORM FOR LOCAL UNION DELEGATE AND ALTERNATE DELEGATE ELECTIONS

I,		, candidate for
(Printed	d Name of Candidate)	
		and member of LU/SF/
(Delegate or Alterna	ite Delegate)	
GCA hereby authorize	(Printed Name of Credentialed	, a member
(LU#)	(Printed Name of Credentiale	ed Representative)
of my LU/SF/GCA, (LU#)*	whose mailing address	is as follows:
(Street Address)	,(City)	,,, _,, _
and whose SSN/SIN ends in the follow	wing four digits	, to serve as my
Credentialed Representative as define	ed in Article VII, Sectio	on 13 of the Rules for the 2020-2021
IBT International Union Delegate and	d Officer Election ("Rul	<i>les")</i> .
Signed: (Signature of Candidate)	Date:	

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

Check one of the boxes below, if applicable:

^{*} The Credentialed Representative must be a member of the same Local Union/System Federation or General Committee as the Delegate or Alternate Delegate candidate except that a Delegate or Alternate Delegate candidate may designate any Union member in good standing for observing the printing, preparation and mailing of the ballots.