

## 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  
1050 17<sup>th</sup> St, NW, Suite 375  
Washington, DC 20036  
Phone: 202-429-8683 Toll Free: 844-428-8683 Fax: 202-774-5526  
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. Response will be sent via e-mail to the member.

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

Last 4 digits of Social Security/Social Insurance Number \_\_\_\_\_

Member of:

*Please check appropriate dqz and fill in appropriate blank lines:*

- ☐ IBT Local Union \_\_\_\_\_
- ☐ GCC Local Union \_\_\_\_\_
- ☐ BMWED System Federation \_\_\_\_\_
- ☐ BLET Gen. Comm. of Adjust. \_\_\_\_\_ and Division \_\_\_\_\_

Address \_\_\_\_\_  
*Street, City, State/Province, Zip/Postal Code*

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Please Verify My Eligibility For:** *(Please cj gemone)*

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 \_\_\_\_\_

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*