

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): _____