

**Election Supervisor - Form 16**

**Accredited Candidate Petition – Slate of Candidates**

Important Notice to IBT Members: This is a petition to have each person listed on the slate below declared to be an "Accredited Candidate" for the IBT International Union Office listed next to their name. To qualify as an Accredited Candidate, a candidate must obtain signatures of at least two and one-half percent (2.5%) of all IBT members eligible to vote for the office being sought. You may sign petitions for any number of separate candidates for the same position (including any number of full or partial slates of candidates), but you may only sign one petition for a particular candidate (including a slate petition on which a candidate's name appears). By providing the information requested you consent to use of the information: 1) by any candidate listed below for campaign activity in connection with the 2025-2026 IBT International Union Delegate and Officer Election (the "Election"); 2) by the Office of the Election Supervisor for purposes of monitoring, investigating, and enforcing compliance with the *Rules* of the Election.

**NAME OF SLATE (OPTIONAL):** \_\_\_\_\_

**Please specify if you are a member of an IBT Local, BLET General Committee or BMWED System Federation**

	CANDIDATE NAME	POSITION SOUGHT	LU/GCA/SF		CANDIDATE NAME	POSITION SOUGHT	LU/GCA/SF
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			

	NAME <i>Print first and last name</i>	SIGNATURE	LU/SF/GCA	FULL MAILING ADDRESS - INCLUDE ZIP/POSTAL CODE <i>Signer must provide full mailing address or SSN4/SIN4</i>	LAST 4 OF SSN/SIN
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Certification by Person Circulating Petition:** I, \_\_\_\_\_, a member in good standing of Local/GCA/SF \_\_\_\_\_ hereby certify that the signatures on this sheet were signed in my presence and genuine. I further certify that to the best of my knowledge and belief the persons signing this petition were at the time of their signing members in good standing of the IBT.

*Signature of Petition Circulator* \_\_\_\_\_ *Full Mailing Address of Petition Circulator - Include zip/postal code* \_\_\_\_\_ *SSN4/SIN4 (Optional)* \_\_\_\_\_  
 In order to be valid, this certification must be signed by the person who circulated the petition. The circulator's full mailing address must be included. Any candidate desiring Accreditation MUST use this form.