

REQUEST FOR ELIGIBILITY VERIFICATION

By providing the information requested, you consent to use of the information by 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. If you wish to have the 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, UPS or e-mail.

Please type or print legibly				
Date of Local Union No	mination Meeti	ing:		
The Election Supervisor will not normally verify eligibility more than 30 days prior to a Local's Nomination Meeting				
Member of:	Date of Request:			
Please circle the appropriate organization <u>and</u> prov	vide the remainder of	the info being requ	uested.	
IBT Local Union #:	BMWED Syst	em Federation:		
Name	Tr.	10	SSN/SIN4 (Optional)	Last Four Digits of SSN/SIN
E-mail				Last Four Digits of SSN/SIN
AddressStreet, City, State/Province, Zip/Postal				
Home/Cell Phone ()		Work Phone ()		
Please Verify My Eligibility For: (Please of	check one)			
Delegate/Alternate Delega	nte	Nominator/Seconder		
Employer Name		Employer's Telephone Number ()		
Previous Employer		_ Previous En	nployer's Telephone #:	()
ADDITIONAL INFORMATION: If you are awa please explain any withdrawals or transfers during		yments, please pro	ovide an explanation on an a	ttached sheet of paper; also,

This request must be received by the Election Office *no less than five days prior* to your Local Union's Nomination Meeting in order to be processed. Response will be sent via e-mail to the member.

If the nomination meeting occurs in the period immediately after the holiday season (January 5-16, 2026), eligibility review should be requested *before* December 17, 2025. Requests made during the last weeks of December may be delayed due to employer office closings or holiday schedules. Any member seeking OES review of eligibility to be a candidate for delegate or alternate delegate or to nominate or second candidates for either office is urged to submit a request for review to the Office of the Election Supervisor as soon as possible.

Office of the Election Supervisor for the International Brotherhood of Teamsters 1750 K Street, NW, Suite 200 Washington, DC 20006 Toll Free: 844-428-8683

> <u>electionsupervisor@ibtvote.org</u> www.ibtvote.org