CREDENTIALED REPRESENTATIVE FORM FOR LOCAL UNION DELEGATE AND ALTERNATE DELEGATE ELECTIONS

Ι,		, am a candidate
-	(Printed Name of Candi	date)
for		and a member of:
(Delegat	e or Alternate Delegate)	
IBT LU:	/BLETD GCA: (Please select one and f	/BMWED SF:
I hereby authorize	(Printed Name of Crede	, a member of
IBT LU:	/BLETD GCA:(Please select one and f	/BMWED SF:,
whose mailing addre	ss is	Street Address, City, State, Zip)
and whose SSN/SIN	ends in	, to serve as my Credentialed Representative as
defined in Article VI <i>Officer Election</i> .	I, Section 13 of the <i>Rules</i>	for the 2025-2026 IBT Delegate and International
Signed:		Date:
	(Signature of Candidate)	

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

ELIGIBILITY NOTES

- A Credentialed Representative must be a member of the same Local Union/System Federation or General Committee as the Delegate or Alternate Delegate candidate.
- However, for observing the printing, preparation and mailing of the ballots from a location of more than 100 miles away from the Local Union, the Delegate or Alternate Delegate candidate may designate any IBT member in good standing.