ELECTION SUPERVISOR FORM 34

CERTIFICATION OF THIRD PARTY ELECTION AGENCY

TO:	
(Name of LU, SF or GCA Officer)	_
	_
(Title of LU, SF or GCA Officer)	
IBT Local Union/General Committee/System Federation	("the Local")
This will confirm that I am the	ition) of
	("the Agency") and that I have the authority to
(Name of Election Agency) sign this certification on behalf of the Agency. I acknowledge that election for delegates and alternate delegates to represent it at the 3 Election").	
I acknowledge that the Local has provided me with copies of the fo	ollowing:
 Rules for the 2025-2026 IBT International Union Delegate and 2025-2026 Local Union Election Plan for the Local ("Plan"); 	Officer Election ("Election Rules");
 2025-2026 Plan Summary ("Plan Summary"); 2025-26 IBT Election Supervisor's Manual for Conducting Local Union Delegate Elections ("Manual"). 	
I acknowledge that the Agency is responsible for the conduct of the behalf of the Agency, I certify that the person conducting the meet information appear below, will be provided with copies of the Electhave read and understood the foregoing and will conduct the noming Name of nominations meeting chair:	ing, whose name, mailing address and contact tion Rules, Plan, Plan Summary and Manual, shall
Telephone:Email:	
I acknowledge that I have read and understand the Election Rules, Agency will conduct the Local's Delegate Election in strict accord the guidelines and procedures set forth in the Manual, this Certifical specifically:	ance with the Election Rules and the Plan, following
• Election Supervisor Form 34A, THIRD PARTY ELECTION A	AGENCY WORKSHEET; and
• Election Supervisor Form 34B, STATEMENT REGARDING	ELECTION MATERIALS.
I further certify that, within ten (10) days from the conclusion of the materials pertaining to the Delegate Election, including all ballots, voided and all records kept in both analog or digital format (the "Delection Materials, accompanied by a completed and signed copy of IBT Election Supervisor for preservation pursuant to the Labor-Materials."	whether marked or unmarked, valid, challenged or belegate Election Materials") and transmit the Delegate of Election Supervisor Form 34B to the Office of the
I declare under penalty of perjury that the foregoing is true	and correct.
Signature:	Date:

Please send a copy of this completed form to the Office of the Election Supervisor for the IBT, 1750 K Street, NW, Suite 200, Washington, DC 20006 or electionsupervisor@ibtvote.org