

INTERNATIONAL OFFICER CANDIDATE INFORMATION SHEET

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.

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 of SSN/SIN (Optional): _____ Cell Phone: _____

Business Phone: _____ FAX: _____

Home Address: _____

Email Address: _____

CANDIDATE IS RUNNING FOR: _____

Nominator: _____

Home Address: _____

Email: _____

Phone: _____ Cell Business

Last 4 of SSN/SIN (Optional): _____

Optional Additional

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): _____

Optional Additional

Second: _____

Home Address: _____

Email: _____

Phone: _____ Cell Business

Last 4 of SSN/SIN (Optional): _____