

**2021 IBT CONVENTION OFFICIAL ELECTION SUPERVISOR
OBSERVER CREDENTIALS**

I, _____, candidate for
(Printed name of candidate)

_____ and a member of IBT LU/GCA/SF
(IBT International Office) *(Circle one)*

_____, hereby authorize _____,
(LU/GCA/SF) *(Printed name of credentialed observer & last four digits of SSN/SIN)*

a member of IBT LU/GCA/SF _____, to serve as my credentialed observer.
(Circle one) *(LU/GCA/SF)*

Signed: _____
(Signature of Candidate)

Date: _____

CANDIDATE INFORMATION
Please provide contact information

OBSERVER INFORMATION
Please provide contact information

Cell: _____

Cell: _____

Email: _____

Email: _____

PLEASE FILE A COPY WITH THE ELECTION SUPERVISOR'S OFFICE, GIVE A COPY TO YOUR OBSERVER AND RETAIN THE ORIGINAL FOR YOUR RECORDS.

Office of the Election Supervisor *for the* International Brotherhood of Teamsters
1990 M Street, NW, Suite 650, Washington, DC 20036
844-428-8683 Toll Free - Facsimile: (202)-925-8922
ElectionSupervisor@ibtvote.org
www.ibtvote.org