

# LABOR REQUEST FORM - Anchorage

Please complete and FAX (907-777-7268) or e-mail ([ibewdispatch@ibew1547.org](mailto:ibewdispatch@ibew1547.org)) to IBEW Dispatch in Anchorage for Unit 101 no later than 4:00 PM the work day prior to the day you wish to have us work the call and at least 48 hours prior to the desired report for work date.

Company Name: \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

Number of Applicants: \_\_\_\_\_  Pre-hire Drug Test

Classification Desired: \_\_\_\_\_ Wage Rate: \_\_\_\_\_

Inside Wireman (Check welder, equipment operator as desired.)

Outside Lineman

Communication Type:  I/R  Splicer  Lineman  CO\*\*  PBX

Other Technician (Describe): \_\_\_\_\_

Welder (Describe cert required): \_\_\_\_\_

Equipment Operator (Equipment Type): \_\_\_\_\_

Other Classification (Describe): \_\_\_\_\_

**ADL**  **CDL: Type** **A** **B** **C**  
(Check One)

Report to Job  or Shop  (address): \_\_\_\_\_

Show Up: \_\_\_\_\_ Shift/Hours (6-10's, etc.): \_\_\_\_\_  
Time & Date Describe

Estimated Duration of Job: \_\_\_\_\_  Camp  Per Diem

Describe Work: \_\_\_\_\_

Special Requirements/Other Comments (List): \_\_\_\_\_

\*\* Note that CO is to be paid per 9.01 of the Inside Agreement.