

IBEW LOCAL 1547
PORTABILITY REPORT FORM

EMAIL FORM TO:

Anchorage ibewdispatch@ibew1547.org, Fairbanks cvandehei@ibew1547.org, Juneau
ndimond@ibew1547.org, Ketchikan jsteward@ibew1547.org

CONTRACTOR NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NAME: _____

EMAIL: _____

PHONE #: _____

JOB NAME: _____

JOB LOCATION: _____

CITY/STATE/ZIP: _____

ESTIMATED LENGTH OF STAY: _____

BRINGING MEMBER(S) FROM LOCAL/UNIT # _____ on Date _____

NAME: _____

LOCAL UNIT #: _____

CLASSIFICATION: _____

IBEW CARD #: _____

PHONE #: _____

NOTIFY APPROPRIATE DISPATCH OFFICE WHEN EMPLOYEE RETURNS TO HOME UNIT.

CONTRACTOR FAILURE TO COMPLY WITH THE PROVISIONS WILL RESULT IN VIOLATION