

LABOR REQUEST FORM - Anchorage

Please complete and FAX (907-777-7268) or e-mail (ibewdispatch@ibew1547.org) to IBEW Dispatch in Anchorage for Unit 101 no later than 4:00 PM the workday 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.