

REQUEST FOR RE-SIGN BY FAX/MAIL

Information provided on this form MUST be legible to be valid.

DATE: _____

TO: IBEW LOCAL 48 DISPATCHER
(Fax No: 503/251-9920)

From: (PRINT) _____.

My original sign-in date was _____.

My IBEW Card No. or Social Security No. is: _____.

I am currently registered on an Out-of-Work List for the following Agreement:

- Inside Residential
- Instrument and Control (Book 1 or Book 2)
- Mat. Handler Panel Fabrication Lighting Fixture Maintenance
- Sound & Comm. (Combined; Voice/Data; Fire/Life/Safety)

Remember: Every registrant is responsible for submitting an Area Designation Form (HH 003). This designation determines priority for dispatch.

Signature

Telephone No. Where You Can Be Reached

Note: Local 48 must receive this document during the calendar month and no later than 4:30 p.m., Portland Time, **on the last working day of the month.**

Do not call the Dispatcher to see if he received your mailed or faxed re-sign. Keep a copy of your fax verification.

Note: Remember: Every registrant must re-sign in person at least once per calendar year.

You should keep a copy of the fax you sent, as well as a copy of the confirmation that it was sent.