

**VOICE-DATA-VIDEO NATIONAL AGREEMENT  
JOB NOTIFICATION FORM**

Date Form Submitted \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer ID # \_\_\_\_\_

IBEW Base Local Union # \_\_\_\_\_

Name of Job \_\_\_\_\_

Location of Job \_\_\_\_\_

Name of Client \_\_\_\_\_

Location of Client \_\_\_\_\_

IBEW Local Union in whose jurisdiction job is located \_\_\_\_\_

Date Job will Commence \_\_\_\_\_

Expected Completion Date (if known) \_\_\_\_\_

Regular Employees Assigned to Job

Employee Name	IBEW Card Number	Classification	Local Union	Social Security Number	Working Dues Check off

Number of employees expected to be requested from Local Union Hiring Hall \_\_\_\_\_

FAX TO: International Brotherhood of Electrical Workers  
 Attn: Construction & Maintenance Department  
 900 7<sup>th</sup> Street, NW, Suite 1001  
 Washington, DC 20001  
 Fax No. (202) 728-7668

***Fax information to IBEW Local Union where work will be performed and IBEW Base Local Union.***