

IBEW Sound & Communications Portability Notification Form

To: Local Union No. _____ Attention: _____
Business Manager

Date: _____ Fax: _____

From: _____
Company Name Position

The Sound and Communications Agreement Addendum II, Article II, Section 2.06(a) states:

“On all jobs exceeding one (1) day in duration, the Employer shall notify the Local Union in whose jurisdiction he will be working, in writing or by fax, prior to starting a job, the location of the job, and the names and social security numbers of the employees to be sent in.”

Our company will be performing work on the following project name/jobsite address:

Project Name: _____ Jobsite Address: _____

Start Date: _____ Completion Date: _____

Member Information

*Full Name: _____ <i>First</i> <i>M.I.</i> <i>Last</i>	*Full Name: _____ <i>First</i> <i>M.I.</i> <i>Last</i>
Address: _____ <i>Street Address</i> <i>Apt/Unit #</i>	Address: _____ <i>Street Address</i> <i>Apt/Unit #</i>
_____ <i>City</i> <i>State</i> <i>Zip</i>	_____ <i>City</i> <i>State</i> <i>Zip</i>
Telephone: _____ DOB: _____	Telephone: _____ DOB: _____
*Full Social Security No: _____	*Full Social Security No: _____
Home Local: _____ Card #: _____	Home Local: _____ Card #: _____
Classification: _____	Classification: _____

Northern California/Northern Nevada Local Union Office Fax Numbers

Local 6 (San Francisco) 415-861-0734 ibew6@ibew6.org	Local 401 (Reno) 775-329-2566 *
Local 100 (Fresno) 559-251-0543 outofwork@ibew100.org	Local 551 (Santa Rosa) dispatch@ibewlocal551.org
Local 180 (Vallejo) 707-251-8040 dispatch@ibewlu180.org	Local 595 (Dublin) 925-556-0600 general@ibew595.org
Local 234 (Castroville) 831-633-0570	Local 617 (San Mateo) 650-574-1408 sc@ibew617.com
Local 302 (Martinez) 925-228-0764	Local 684 (Modesto) 209-524-5171 info@ibewlu684.org
Local 332 (San Jose) 408-979-5500	
Local 340 (Sacramento) 916-927-4239	

<p>*Full Name: _____ <i>First M.I. Last</i></p> <p>Address: _____ <i>Street Address Apt/Unit #</i></p> <p>_____</p> <p><i>City State Zip</i></p> <p>Telephone: _____ DOB: _____</p> <p>*Full Social Security No: _____</p> <p>Home Local: _____ Card #: _____</p> <p>Classification: _____</p>	<p>*Full Name: _____ <i>First M.I. Last</i></p> <p>Address: _____ <i>Street Address Apt/Unit #</i></p> <p>_____</p> <p><i>City State Zip</i></p> <p>Telephone: _____ DOB: _____</p> <p>*Full Social Security No: _____</p> <p>Home Local: _____ Card #: _____</p> <p>Classification: _____</p>
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