



## IBEW Local 483

3525 S. Alder Street  
Tacoma, WA 98409

Office: (253) 565-3232 Fax: (253) 565-3436

### Pre-Job Form

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_

Job Headquarters/Reporting Headquarters: \_\_\_\_\_

Distribution \_\_\_\_\_ Dock Work \_\_\_\_\_ Overhead \_\_\_\_\_ Underground \_\_\_\_\_

Substation \_\_\_\_\_ Pole Restoration \_\_\_\_\_ Cable Replacement \_\_\_\_\_

Transmission: Wood \_\_\_\_\_ Steel \_\_\_\_\_ Tree Trimming \_\_\_\_\_ Other \_\_\_\_\_

Climbing \_\_\_\_\_ Bucket \_\_\_\_\_ Misc \_\_\_\_\_

Scope of Job (Brief Description): \_\_\_\_\_

Number of workers and classifications required on the job: \_\_\_\_\_

#### Transfers:

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Address: \_\_\_\_\_

Transfer from LU# \_\_\_\_\_ Emp. LU# \_\_\_\_\_ Card# \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Address: \_\_\_\_\_

Transfer from LU# \_\_\_\_\_ Emp. LU# \_\_\_\_\_ Card# \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Address: \_\_\_\_\_

Transfer from LU# \_\_\_\_\_ Emp. LU# \_\_\_\_\_ Card# \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

Address: \_\_\_\_\_

Transfer from LU# \_\_\_\_\_ Emp. LU# \_\_\_\_\_ Card# \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours and Days: \_\_\_\_\_

Approximate Job Duration: \_\_\_\_\_

Foreman: \_\_\_\_\_

**General Foreman or Superintendent:** \_\_\_\_\_