UA LOCAL 527 MANPOWER REQUEST FORM

PLEASE CHECK OFF WHERE THE WORK IS TO BE PERFORMED

☐ **WINDSOR AREA** ☐ **LONDON AREA**

☐ **WATERLOO AREA**

UA LOCAL 527 FAX NUMBER

519-746-7660

RESET

NAME OF CONTRACTOR _____

JOB NAME AND LOCATION _____

Please Check all that may apply: ☐ **ICI** ☐ **FAB SHOP** ☐ **EPSCA** ☐ **PRCO** ☐ **PLA**
☐ **Article 43** ☐ **GAS DISTRIBUTION**

DESCRIPTION OF WORK _____

_____

_____

_____

REPORT TO _____

START DATE_____ START TIME_____

LENGTH OF JOB_____ HOURS OF WORK _____

TICKETS REQUIRED ☐ WHMIS ☐ FALL PROTECTION ☐ OTHER_____

_____

MANPOWER REQUIRED

TRADE	NUMBER REQUIRED (Including name hires)
☐ PLUMBER	_____
☐ STEAMFITTER	_____
☐ WELDER	_____
☐ PIPEFITTER	_____
☐ APPRENTICE PLB TERM_____	_____
☐ APPRENTICE SF TERM_____	_____
☐ APPRENTICE WELD TERM_____	_____
☐ METAL TRADE	_____

NAME HIRES REQUESTED	***TRADE***

COMPANY REP (PRINT) _____ SIGNATURE_____