## **WORK PERMIT**



## TEAMSTERS LOCAL UNION NO. 155 WORK PERMIT APPLICATION

DATE:	NAIVIE:	
ADDRESS:	PHONE No:	
TY: SIN:		
PRODUCTION INFORMATION		
PRODUCTION COMPANY -	TITLE -	
TEAMSTER AFFILIATION –	OTHER UNION AFFILIATION -	
CATEGORY APPLYING FOR		
Driver	Security	
Camera or Insert Car	Mechanic	
Caterer	Animal Trainer	
Animal Wrangler	Safety Diver	
Lighting Crane	Chapman or Apollo Crane	
Boat Operator	Other	
<b>CLASS OF DRIVER'S LICENSE (Mir</b>	nimum) CLASS 3 & 4 W/ AIR ENDORSEMENT	
1-15	2-15	
3-15	4-15 (Unrestricted)	
Other	Province or State	

I have authorized, designated and chosen said labour organization to negotiate, bargain collectively, present and discuss grievances with my Employer, as my representative and my sole and exclusive collective bargaining agency, and I do hereby confirm the same in all respects. I shall abide by the Constitution, Bylaws, decisions, rules, regulations and working conditions of Teamsters Local Union No. 155. I base my application for a work permit on the above facts, which I affirm to be true.

I hereby consent to the payroll companies collecting and disclosing my personal and payroll information, contact information and Social Insurance Number to Teamsters Local Union No. 155, and that Teamsters Local Union No. 155 may collect, use and retain this information for the purposes of administering the collective agreement.

I agree that the Employer shall deduct from my gross fee or gross pay, as applicable, the 3% working dues or 3% service fees (whichever is applicable) and remit same to Teamsters Local Union No. 155 while employed on this production.

Signature	Upon completion, please fax to:
	(604) 873-1595
	Attn: Business Agent

## **RE: WORK PERMIT REQUESTS AND OBLIGATIONS**

Company:		
Address:		
Names (Permits Requested	d):	
Signature of Production Ma	anager:	
Dear Sir/Madam,	Dated this day of	, 20
	55 hereby grants a work permit(s) f Collective Agreement <u>conditional</u> upon n form to the Union.	
	ion under this permit to provide fring , S3.02 or S3.03, whichever is applicable	
permitted employee's gross application. The remainder is fringe as applicable. The Hermansters Local 155 Benefits Gross Wages. If the permitand Health & Welfare Pla	tion to deduct working dues or the wages in accordance with Article 9.0 paid to the employee as vacation an alth & Welfare portion is remitted directly Plan. The Pension Fund portion will be ted employee is registered under a temporary in, please have the permitted ence. 155 with reference to prior are	of and as per the Work Permit d statutory holidays and pension ectly to Pacific Blue Cross for the paid directly to the employee on an affiliate Teamsters Pension apployee indicate such to the
Please provide a copy of this le	etter to the permitted Employee.	
Thank you for your cooperatio	n in this matter.	
Yours Truly, Teamsters Local Union No. 15	5	
 Secretary-Treasurer		