IBEW LOCAL 234
747 El Camino Real
Salinas, CA 93907
(831)633-2311

IBEW Local 234 Portability Notification Form

Date: _____

Company: _____

Company Contact Email: _____ Phone: _____

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

Project Name: _____ Jobsite Address: _____

Start Date: _____ Completion Date: _____

*Fill out the following form completely with the employee(s) information, then email this form to thehall@ibew234.org. When complete, please have the employee(s) fill out forms C & D on ibew234.org to complete the process. If you have any questions, please contact us at (831)633-2311

Member Information

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

Full Name: _____
First M.I. Last

Address: _____
Street Address Apt/Unit #

_____
City State Zip

Member Email: _____

Telephone: _____ DOB: _____

Full Social Security No: _____

Home Local: _____ Card #: _____

Classification: _____

Full Name: _____
First M.I. Last

Address: _____
Street Address Apt/Unit #

_____
City State Zip

Member Email: _____

Telephone: _____ DOB: _____

Full Social Security No: _____

Home Local: _____ Card #: _____

Classification: _____