

**DISPATCH REQUEST FORM**

*This form must be submitted to Local Union dispatcher by fax (902-454-5001) or email ([dispatch83@acrc.ca](mailto:dispatch83@acrc.ca)) prior to hiring member.*

REQUEST DATE: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**MANPOWER REQUIRED:**

NUMBER OF JOURNEYMEN:

NUMBER OF APPRENTICES:

Carpenter

Drywall

Scaffolding

Scaffold Helper

Probationary Worker

Student Worker

Pre-Apprentice

JOBSITE: \_\_\_\_\_

JOBSITE ADDRESS: \_\_\_\_\_

JOBSITE FOREMAN: \_\_\_\_\_ CONTACT: \_\_\_\_\_

START DATE: \_\_\_\_\_

START TIME: \_\_\_\_\_ AM/PM (DAYSHIFT/NIGHTSHIFT)

JOB REQUIREMENTS: \_\_\_\_\_

EMPLOYER ADMINISTER ONSITE DRUG & ALCOHOL TESTING:

YES:

NO:

**REQUIRED SAFETY CERTIFICATIONS:**

WHMIS   
Safety Orientation   
Fall Protection

End Frame/  
Shoring Scaffolding   
First Aid   
Confined Space

Aerial Lift   
Other

COMPLETED BY: \_\_\_\_\_  
(please print)

DATE: \_\_\_\_\_

**Amendment #1 – November 1, 2018**