

**DISPATCH REQUEST FORM**

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

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

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

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

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

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

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

**WORKFORCE REQUIRED:**

NUMBER OF  
JOURNEYPERSONS: \_\_\_\_\_

NUMBER OF  
APPRENTICES: \_\_\_\_\_

Carpenter

Drywall

Scaffolding

Scaffold Helper

Probationary  
Worker

Student  
Worker

Pre-Apprentice

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

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

JOBSITE FOREPERSON: \_\_\_\_\_ CONTACT: \_\_\_\_\_

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

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

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

EMPLOYER ADMINISTER ONSITE DRUG & ALCOHOL TESTING:

YES:

NO:

**REQUIRED SAFETY CERTIFICATIONS:**

WHMIS

End Frame/  
Shoring Scaffolding

Aerial Lift

Safety Orientation

First Aid

Other

Fall Protection

Confined Space

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(please print)