# DISPATCH REQUEST FORM

*This form must be submitted to Local Union dispatcher by fax (902-454-5001) or email (dispatch83@ubcja.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 ☐ |
| Red Seal Journeyperson ☐ | Registered Apprentice ☐ | Probationary Worker ☐ | Student Worker ☐ |

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/ Arrest/Restraint ☐ | Confined Space ☐ | |

COMPLETED BY: _____ DATE: _____
(please print)