## CITY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS BUREAU OF CONTRACT ADMINISTRATION REQUEST/VERIFICATION FOR CRAFT EMPLOYEES

Please complete and fax this form to the applicable union to request craft workers that fulfill all hiring requirements for the City of Los Angeles project. A concurrent copy of this request should be sent to the jobs coordinator. After faxing your request, call the Local to verify receipt and substantiate their capacity to furnish local, disadvantaged or

general dispatch as requeste Transmission Verification R	d. Contact informat	tion for Locals	s is listed on bac	k of form. Plea		•	
(PROJECT NAME						)	
		INSTRUC	TIONS				
To the Contractor: Please complete and fax this form Angeles project. After faxing you general dispatch as requested. ( Verification Report and keep a co To the Union: Please complete the "Union Use	r request, call the Loc Contact information fo opy of this request for	nion to request of cal to verify record to cals is listed your records.	craft workers that eipt and substanti d on back of form	ate their capacit	y to furnish local our Fax Transmis	, at-risk or ssion	
To:	Local	Local		-	Date:		
From – Company Name			Fax# ( )				
Person Sending: Please provide me with union cra			Contact Phone: (	)			
30% Local Requirement (Union of first be exhausted prior to use 10% "Disadvantaged Worker" Reare certified to fulfill the "disad General Dispatch" (Union craft en Disadvantaged Worker requirement of the control of th	utilizing the Tier 2 zipequirement (Union cradvantaged worker" himployees dispatched p	<b>p codes</b> ) Ift employees, in ing requiremen	ncluding apprentiont).	ces, who reside i	n the <b>Citywide</b> z	rip codes, and	
Employee Name Address					Zip Code		
	<u> </u>	raft Employees	Requested				
		Number	Number	Number			
Job/Craft Description	Journeyman/ Apprentice- ship Level	Requested 30% Local	Requested 10% Disadvantaged	Requested General	Report Date	Report Time	
Total Workers Requested							
Please have worker(s) report to t	he following address	indicated below					
Site Address:	Report to (On-Site Contact):						
On-Site Tel.#: ( )			Fax: ( )				
Comments or special requiremer	IIS:						
		Union Use					
Reception Date:		ompleted Form ate:	n Back to Contra				
Requested Dispatch	<u>A</u>	Available for Dispatch			Unavailable for Dispatch		
30% Local 10% Disadvantaged General Dispatch Comments:		0					