



# WORK PERMIT

## TEAMSTERS LOCAL UNION NO. 155 WORK PERMIT APPLICATION

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

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

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

PHONE No: \_\_\_\_\_

CITY: \_\_\_\_\_

SIN: \_\_\_\_\_

PRODUCTION INFORMATION			
PRODUCTION COMPANY –		TITLE –	
TEAMSTER AFFILIATION –		OTHER UNION AFFILIATION -	
CATEGORY APPLYING FOR			
<input type="checkbox"/>	Driver	<input type="checkbox"/>	Security
<input type="checkbox"/>	Camera or Insert Car	<input type="checkbox"/>	Mechanic
<input type="checkbox"/>	Caterer	<input type="checkbox"/>	Animal Trainer
<input type="checkbox"/>	Animal Wrangler	<input type="checkbox"/>	Safety Diver
<input type="checkbox"/>	Lighting Crane	<input type="checkbox"/>	Chapman or Apollo Crane
<input type="checkbox"/>	Boat Operator	<input type="checkbox"/>	Other
CLASS OF DRIVER'S LICENSE (Minimum) CLASS 3 & 4 W/ AIR ENDORSEMENT			
<input type="checkbox"/>	1-15	<input type="checkbox"/>	2-15
<input type="checkbox"/>	3-15	<input type="checkbox"/>	4-15 (Unrestricted)
<input type="checkbox"/>	Other	<input type="checkbox"/>	Province or State
OTHER LICENSES/CERTIFICATES/CAPABILITIES			

I have authorized, designated and chosen said labour organization to negotiate, bargain collectively, present and discuss grievances with my Employer, as my representative and my sole and exclusive collective bargaining agency, and I do hereby confirm the same in all respects. I shall abide by the Constitution, Bylaws, decisions, rules, regulations and working conditions of Teamsters Local Union No. 155. I base my application for a work permit on the above facts, which I affirm to be true.

I agree that the Employer shall deduct from my gross fee or gross pay, as applicable, the 3% working dues or 3% service fees (whichever is applicable) and remit same to Teamsters Local Union No. 155 while employed on this production.

Signature \_\_\_\_\_

Upon completion, please fax to:  
(604) 873-1595  
Attn: Business Agent



# TEAMSTERS LOCAL UNION NO. 155

Representing Employees in Movie Production, Trade Shows & Related Industries, Office, Public Sector  
& Miscellaneous Jurisdiction in the Province of British Columbia & the Yukon Territory, Canada  
AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS & TEAMSTERS CANADA



## RE: WORK PERMIT REQUESTS AND OBLIGATIONS

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Names (Permits Requested): \_\_\_\_\_

Signature of Production Manager: \_\_\_\_\_

Dear Sir/Madam,

Dated this day of \_\_\_\_\_, 20\_\_\_\_.

Teamsters Local Union No. 155 hereby grants a work permit(s) for the above individuals under Article \_\_\_\_\_ of the Master Collective Agreement conditional upon the Company providing a copy of the attached permit application form to the Union.

The Company has an obligation under this permit to provide fringe payments in accordance with Article 8.01, 8.02, 8.03, S3.02 or S3.03, whichever is applicable.

The Company has an obligation to deduct working dues or the applicable service fee from the permitted employee's gross wages in accordance with Article 9.06 and as per the Work Permit application. The remainder is paid to the employee as vacation and statutory holidays and pension fringe as applicable. The Health & Welfare portion is remitted directly to Pacific Blue Cross for the Teamsters Local 155 Benefits Plan. The Pension Fund portion will be paid directly to the employee on Gross Wages. **If the permitted employee is registered under an affiliate Teamsters Pension and Health & Welfare Plan, please have the permitted employee indicate such to the Teamsters Local Union No. 155 with reference to prior arrangement or any reciprocal agreement.**

Please provide a copy of this letter to the permitted Employee.

Thank you for your cooperation in this matter.

Yours truly,

Teamsters Local Union No. 155

\_\_\_\_\_  
Secretary-Treasurer

