



IATSE EXHIBITION EMPLOYEES LOCAL 834
4220 International Parkway Suite 200
Atlanta, GA 30354
(404) 875-8848 – Office (404) 361-4255 – Fax
office@iatse834.com

Permission Request Letter

Date: _____

TO: IATSE Local 834 Business Representative

FROM: _____
Printed Name

Signature

In accordance with Local 834's Rules and Regulations: Enforcement, Paragraph 1, I am requesting permission to work within the Union's jurisdiction for a non-signatory company.

I understand that in order to receive permission to work in the Union's jurisdiction, this request must be submitted seven (7) days in advance and the following information completed. I further understand that permission is granted only for the company listed.

Non-Signatory Company Name: _____

Work Dates: _____

Show Name: _____

Location of job site: _____

DO NOT WRITE BELOW THIS LINE

Date Received: _____ Mail: _____ Hand: _____

Date Approved: _____

B.A. Signature: _____