International Union of Operating Engineers Local 825



Step-by-step guide to applying for SWAC license reimbursement

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• Work Card	Membershin Inform	nation	
Member News	Membership Inon		Online SUB Application
• Events	Name: Member Of:	DAVID DALEO	We are pleased to announce that SUB forms can now be filed online!
O Business Agents	Status:	Active	To file, simply login to the private member portal at <u>IUOE825.org</u> .
Benefit Booklets	Paid To:	03/31/2012	SUB online system.
• Training Course Schedule	Next Dayment:	\$33.00 which will pay membership fees through	posted:01/27/2012
O Rates	next Payment.	06/30/2012	
SUB Application			Hiring Hall Update
E.L.E.C. Application	Union Hall Address	Information: Lott	Local 825's new hiring hall procedure sets forth a threshold of one hundred twenty
^	Address:	23 POPLAR AVENUE	hours of employment before a registered member is moved to the bottom of the hiring hall list. This demonstrates a change from the old agreement which set forth a
	Phone:	POMPTON PLAINS , NJ 07444 (973) 835 - 9377	threshold of three hundr <u>View More »</u>
Select the	navigatio	on link titled, "E.L.E.C	Application"
			Its always important to have a valid, current Local 825 dues card in your possession when reporting to work assignments. If you need to pay your dues or just get a replacement card, contact our dues department at (973) 671-6918 posted:12/03/2010

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O Business Agents	Form No.	Certification Type/License#	Date Received	Expiration Date	Date of Request	Amt.	Status	View Detail(s)
 Benefit Booklets Training Course Schedule 	100051	SWAC DREZ435234654	03/02/2012	03/01/2015	03/02/2012	100.00	Request Denied on 03/07/2012	Ē
 Rates SUB Application 	100050	SJ CHEMICAL CARD 3454325432	02/27/2012	03/01/2015	02/28/2012	85.00	Request Denied on 03/07/2012	Ŗ
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O Business Agents	Name:		DALEO DAVID C					
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Rates	Social No	0:	137-80-8677					
SUB Application	Account	No:	2					
• E.L.E.C. Application	Member	of:	825					
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	Step 1:	Please sele SWAC	ect certification or licer	se type.				
	Step 2:	Enter your DREZ4352	License # and select 34654	he State (if applicab	le)			
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	Step 4:	Enter the e 03/01/2015	xpiration date of certifie	cation or license.				
	Step 5:	Enter the c 100.00	ost of certification or li	censing.				
	Step 6:	Enter the \$ 100.00	\$ amount you are requ	esting for reimburser	nent.			
	Step 7:	l am submi	tting copies of my cert	ification or license ar	nd proof of payment in	support of my application		
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The application confirmation screen will display and the Labor Management Fund Administrator will receive an email containing your information.

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		Certification Reimbursement Application FORM# 100,053							
<i>*</i> -		Personal Information							
		Full Name of Member: Last: DALEO First: DAVID MI: C							
		Address: 23 POPLAR AVENUE City: POMPTON PLAINS State: NJ ZIP Code: 07.444							
		Home Phone: (973) 835 - 9377 Last 4 Digits Social Security #: #####8677 DOB: 07/20/1976							
		Account #: 2 Member of: 825 Dues Paid Thru: 03/31/2012							
		** To qualify, an applicant must be an active member who is employed in the trade. This information will be verified by							
		The Dispatch Information: Work Status: Available - Last Check In: 8/21/2011 12:00:00 AM							
		Certification Information							
		(You must include a copy of your certification and proof of payment. Reimbursement requests will not be approved without supporting documents.)							
		Certification Type: TWC							
		Lidense #: <u>IW89111094</u> State (if applicable): NJ Date Certification Received/Renewed: 03/05/2012 Cost of Certification: \$ 250.00							
		Expiration Date of Certification: 04/01/2015 Amount Requested for Reimbursement: \$ 250.00							
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