

**POLICY ON EXAMINATION FOR JOURNEYMAN LINEMAN/JOURNEYMAN CABLE  
SPLICER STATUS**

1. Article XVI, Section 1, of the International Constitution provides that a Local Union, that so desires, may have an Examining Board, and Local Union 1245 has decided to utilize these provisions and has established such a board to facilitate the activity of the Local Union Examining Board as an Advisory Committee, consisting of three members elected by the Local Union membership, shall be established. It shall be the duty of the Advisory Committee to examine qualified applicants for Journeyman Lineman/Journeyman Cable Splicer status and to report the results of such examinations, together with recommendations, to the Local Union Executive Board.
2. For applicants seeking Journeyman Lineman/ Journeyman Cable Splicer status who are coming from a non IBEW represented employer or who have not completed a non-IBEW / Joint employer apprenticeship program. To qualify to take the examination for Journeyman Lineman/Journeyman Cable Splicer, an applicant must have four (4) years of documented training and experience in line work working as a Lineman, not including C.A.T.V., telephone, or non-completed apprenticeship programs. They may also be required to be evaluated on physical skills and or subject to a probationary period and an interim status . Also, the applicant must be a member of Local Union 1245 or be seeking work in Local Union 1245's jurisdiction.
3. For applicants seeking Journeyman Lineman / Journeyman Cable status who have completed a Joint IBEW / Employer apprentice program with less than 5 years working as a lineman will be subject to a written examination. An applicant who has met the above-mentioned requirements and have been employed in line work for five years or more at other than an apprentice or other training classification, may be granted Journeyman Lineman/Journeyman Cable Splicer status without having to take Lineman's/Cable Splicer's examination established within Local Union 1245 upon petitioning the Examining Board and producing evidence of such employment.
4. An Applicant, who has passed the apprenticeship and tests for Journeyman Lineman/ Journeyman Cable Splicer administered by the California-Nevada Joint Apprenticeship Committee, will be granted Journeyman Lineman/Journeyman Cable Splicer status upon notice and certification from the California-Nevada Joint Apprenticeship Committee. \*An applicant who has not completed an approved Apprentice program must take the Journeyman Lineman/ Journeyman Cable Splicer examination if they qualify.
- \* It will be at the discretion of the Examining Board to review the reasons behind an applicant who was indentured into a Joint IBEW / Employer apprenticeship program and did not complete the program on if they qualify to test. It is not the position of the examining committee to grant these requests however consideration may be given in situations where a member who was in one of these approved programs and had completed all the steps and hours needed and with passing grades but was removed for other reasons not related to their performance or curriculum related circumstances.
5. In accordance with Article V, Section 1 of the Local Union Bylaws, the Unit Examining Board shall examine all applicants for membership to determine their qualifications for the trade. They shall examine such qualifications of members as provided in Article XIX of the IBEW Constitution.

To be considered for examination a member shall notify the Examining Board of the following:

- a. Show a need for Journeyman Lineman/Journeyman Cable Splicer status.
- b. Send proof of experience in Line work as described above, as a Lineman, Cable Splicer or completed Joint IBEW / Employer Apprenticeship program.
- c. The examination must be supervised by an Examining Committee member or Local 1245 Representative.
- d. The examination, along with the score of the verbal examination, shall be sent to the Executive Board with their recommendation who will grant or deny the Journeyman status based upon the applicant's score and Examining Committees recommendation.

Adopted: September 2, 1965  
Revised: March 24, 1975  
Revised: August 22, 1983  
Revised: March 21, 1986  
Revised: September 24, 2021

Revised: March 7, 1972  
Revised: February 25, 1983  
Revised March 22, 1985  
Revised: July 28, 2006

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

LOCAL UNION 1245

APPLICANT'S QUESTIONNAIRE FOR THE EXAMING BOARD

(Write on the back of the sheet if necessary)

CLASSIFICATION

JOURNEYMAN LINEMAN

LINE EQUIPMENT MAN

CABLE SPLICER

FAB TECH

Date \_\_\_\_\_, 20\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

E mail \_\_\_\_\_

Membership Card Number \_\_\_\_\_ Local Union Number \_\_\_\_\_

EDUCATION:

Grade School \_\_\_\_\_ High School \_\_\_\_\_ Other \_\_\_\_\_

Correspondence or Trade Schools:

\_\_\_\_\_ Subject \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Subject \_\_\_\_\_ Year \_\_\_\_\_

WORK EXPERIENCE - ELECTRICAL

TRADE

EMPLOYER

CITY

YEAR

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What Labor Unions have you belonged to? \_\_\_\_\_

Please give a brief statement as to your Line Experience and type of work you performed: Please continue on the back ...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Notice to Appear \_\_\_\_\_ By \_\_\_\_\_ On \_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_

Examining Board: \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Continued;




## Application for Membership USA



### OBLIGATION OF I.B.E.W.®

"I, the undersigned, in the presence of members of the International Brotherhood of Electrical Workers, promise and agree to conform to and abide by the Constitution and laws of the I.B.E.W.® and its Local Unions. I will further the purposes of which the I.B.E.W.® is instituted. I will bear true allegiance to it and will not sacrifice its interest in any manner."

APPLICATION DATE (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--



**TO BE SIGNED BY APPLICANT - PLEASE DO NOT PRINT**

(PLEASE PRINT OR TYPE FULL NAME)

<input type="checkbox"/> MR	<input type="checkbox"/> MS	<input type="checkbox"/> MRS	FIRST NAME	M.I.
LAST NAME				

<input type="checkbox"/> JR	<input type="checkbox"/> III
<input type="checkbox"/> SR	<input type="checkbox"/> IV
<input type="checkbox"/> II	<input type="checkbox"/> V

ADDRESS (STREET & NUMBER)

--

CITY

--

STATE

--

ZIP CODE + 4

--	--	--	--	--	--	--	--

EMAIL ADDRESS

--

DATE OF BIRTH (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

DATE OF HIRE (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

SOCIAL SECURITY NO.

				-			-			
--	--	--	--	---	--	--	---	--	--	--

TELEPHONE NO.

		)			-			
--	--	---	--	--	---	--	--	--

PRESENT EMPLOYER

--

CLASSIFICATION

--

INDUSTRY WHERE YOU ARE EMPLOYED

- RAILROAD
- GOVERNMENT
- INSIDE CONSTRUCTION & MAINTENANCE
- OUTSIDE CONSTRUCTION & MAINTENANCE
- UTILITY
- TELECOMMUNICATIONS
- BROADCASTING
- MANUFACTURING

HOW DID YOU BECOME AN I.B.E.W.® MEMBER? (SELECT ONE)

- I WAS ORGANIZED
- I WAS ORGANIZED AS AN APPRENTICE
- I WAS SELECTED FOR AN APPRENTICESHIP
- I AM A NEW HIRE
- OTHER

\*GENDER

- MALE
- FEMALE

REGISTERED VOTER?

- DEMOCRAT
- REPUBLICAN
- INDEPENDENT
- OTHER
- NOT REGISTERED

HAVE YOU EVER BEEN A MEMBER OF THE I.B.E.W.® ?

<input type="checkbox"/> YES	<input type="checkbox"/> NO	LOCAL UNION	STATE

IF SO, WHERE?

\*RACE

- WHITE
- BLACK
- ASIAN
- OTHER
- HISPANIC ORIGIN
- AMERICAN INDIAN
- PACIFIC ISLANDER

\*This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.

THIS PORTION TO BE FILLED IN BY L.U. FINANCIAL SECRETARY

EMPLOYEE NUMBER

--

INITIATION DATE (mm/dd/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

TYPE OF MEMBERSHIP  "A"  "BA"

INITIATION FEE PAID

\$			.	
----	--	--	---	--

INITIATION FEE DUE

\$			.	
----	--	--	---	--

IO SHARE (1/2 TO \$60)

\$			.	
----	--	--	---	--

CARD NUMBER

--

PAID \$2.00 PENSION ADM. FEE?  YES  NO



Form No. 107 06/05

NUMBER OF PAYMENTS MADE WITH THIS APPLICATION

LOCAL UNION

--

Page 1 of 1



**Symetra Life Insurance Company**  
 777 108th Avenue NE, Suite 1200 | Bellevue, WA 98004-5135  
 Mailing Address: Benefits Division | PO Box 34690 | Seattle, WA 98124-1690  
 Phone 1-800-426-7784 | TTY/TDD 1-800-833-6388

## CHANGE OF BENEFICIARY DESIGNATION

*Please attach to original enrollment form*

POLICY # 2400009700

EMPLOYER/POLICYHOLDER NAME IBEW 1245

### EMPLOYEE INFORMATION

NAME	PHONE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE

<b>PRIMARY BENEFICIARY(IES):</b>			
NAME	DATE OF BIRTH		
ADDRESS			
RELATIONSHIP	BENEFIT PERCENT		
NAME	DATE OF BIRTH		
ADDRESS			
RELATIONSHIP	BENEFIT PERCENT		
<b>CONTINGENT BENEFICIARY(IES):</b>			
NAME	DATE OF BIRTH		
ADDRESS			
RELATIONSHIP	BENEFIT PERCENT		
NAME	DATE OF BIRTH		
ADDRESS			
RELATIONSHIP	BENEFIT PERCENT		

### DEFINITIONS

**Primary Beneficiary:** The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

**Contingent Beneficiary:** The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

EMPLOYEE SIGNATURE	DATE SIGNED
--------------------	-------------

**BENEFICIARY DESIGNATION FORM - USA**  
**For Death Benefits from the IBEW Pension Benefit Fund**  
 Retired/Active "A" Members of the IBEW Only

**Section A: Member's Information**

MR First Name \_\_\_\_\_ MI Last Name \_\_\_\_\_  
 MS \_\_\_\_\_  
 MRS Local Union \_\_\_\_\_ Card Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section B: Beneficiary Information**

If naming an individual, please complete this section and if you need additional beneficiaries attach Form No. 124C.

MR First Name \_\_\_\_\_ MI Last Name \_\_\_\_\_  
 MS \_\_\_\_\_  
 MRS Relationship \_\_\_\_\_ Choose One:  Primary  Contingent

MR First Name \_\_\_\_\_ MI Last Name \_\_\_\_\_  
 MS \_\_\_\_\_  
 MRS Relationship \_\_\_\_\_ Choose One:  Primary  Contingent

MR First Name \_\_\_\_\_ MI Last Name \_\_\_\_\_  
 MS \_\_\_\_\_  
 MRS Relationship \_\_\_\_\_ Choose One:  Primary  Contingent

If naming an organization or trust, please complete this section

Name of Organization, Institution or Trust \_\_\_\_\_ Choose One:  Primary  Contingent  
 \_\_\_\_\_  
 Address (Street & Number) \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code+4 \_\_\_\_\_

\_\_\_\_\_  
 Member's Signature  
 \_\_\_\_\_  
 Notary or Local Union Official's Signature  
 \_\_\_\_\_  
 Printed Name and Title of LU Official or Notary

Today's Date (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Today's Date (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Notary or LU Seal

Mail Completed Form to:  
 IBEW  
 900 7th Street, NW  
 Washington, DC 20001  
 Attn: Pension & Death Claims Dept



Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I understand I am employed by an Employer in a classification represented by Local 1245 of the International Brotherhood of Electrical Workers (the "Union") and subject to the provisions of the Labor Agreement between said Employer and the Union applicable to my classification. Pursuant to the provisions of the Labor Agreement:

I wish to become a member of the Union and to maintain my membership in said Union in good standing in accordance with its Constitution and Bylaws, or

I do not wish to become a member of the Union, but in lieu thereof I will tender the required registration fee to the Union and shall thereafter tender to the Union monthly an agency fee as established by the Union in an amount not to exceed the amount of monthly dues and per capita fees required of A members in my base wage rate, as designated by my selection below.

I hereby authorize the Employer to deduct from paychecks for services rendered in each month hereafter and transmit to the financial Secretary of the Union, such as may be specified in accordance with the provisions of the I.B.E.W. Constitution and the Union Bylaws as monthly membership dues. Such sum to be full payment of monthly membership dues or as an agency fee equal to the required of a BA Member in my wage rate.

This authorization shall be irrevocable, except as defined by the agreement between the Employer and the Union. However, this authorization shall automatically terminate in the event of termination of the collective bargaining agreement between the Employer and the Union, whichever is applicable to the classification in which I am then employed, or in the event I am transferred or promoted into a classification not covered by an agreement between the Employer and the Union.

Membership Type:            A

Signature:

Date:

Fees, Dues, and Assessments covered by this authorization are not deductible as charitable contributions for federal income tax purposes.