

LOCAL NUMBER 89
Authorization for Representation

I desire to be represented and hereby authorize the Laborers' International Union of North America, and its affiliated Southwest Laborers' district Council and Local Union 89 thereof to be my collective bargaining agent in matter of rates of pay, wages, fringe benefits, hours of employment and all other conditions of employment. This authorization shall apply to the Employer for whom I am employed or referred to on this date and to all other Employers for whom I may become employed after this date. This authorization is signed by me for the purpose of securing for the Union voluntary recognition and negotiation rights with my employer and with any future employer. It may be revoked only by me, through written notice to the Union.

Date _____ Signature _____

Referral

Employee Information

Member JIMMY TALBINI Address 632 ESCUALA STREET
Social Security Number 574-93-1368 City SAN JOSE State CA Zip 92132
Phone Number (619)527-2571

The above listed individual has been dispatched by above listed Union and is to report to the employer as stated below.

Employer / Project Information

Employer MAJOR CONTRACTOR, INC Employer Representative KEVIN SMITH
Job Location 7910 FROST ST SD Job Site Number 65
Start Date 02/21/2006 Start Time 0630 Report To KEVIN SMITH Phone 760-535-2749
Union representative authorizing dispatch CAS
Result Accepted Classification BECHTEL (LIGHT LABORER) List Number 2

Notes

Ready for dispatch at 7:00am. Will pool

Dues Checkoff Authorization and Assignment Local Union 89
Affiliated with the Laborers' International Union of North America, AFL-CIO

I, JIMMY TALBINI, do hereby assign to Local Union Laborers' International Union of North America, AFL-CIO, such amounts from my wages as shall be required to pay an amount equivalent to the initiation fees, readmission fees and membership dues of the local union as may be established for its members from time to time. My Employer, including my present Employer and any future Employer, is hereby authorized to deduct amounts from my wages and pay the same to the local union and/or its authorized representative, in accordance with the collective bargaining agreement in existence between the Union and my Employer.

This authorization shall become operative upon the effective date of each collective bargaining agreement entered into between my Employer and the Union.

This authorization shall be irrevocable for a period of one (1) year, or until termination of the collective bargaining agreement in existence between my Employer and the Union, whichever occurs sooner; and I agree and direct that this authorization shall be automatically renewed and shall be irrevocable for successive periods of one (1) year each, or for the period of any subsequent agreement between my Employer and the Union, whichever shall be shorter, unless written notice is given by me to my Employer and the local union not more than 20 days and not less than 10 days prior to the expiration of each period of one (1) year, or of each applicable collective bargaining agreement between my Employer and the Union, whichever occurs sooner. For the effective period of this checkoff authorization and assignment, and to the extent permitted by law, I hereby waive any right I may have to resign my Union membership. Furthermore, this checkoff authorization shall continue in accordance with the above renewal and revocation provisions irrespective of my membership in the Union.

Union dues and fees are not deductible as charitable contributions for federal income tax purposes. Local dues may qualify as business expenses, however, and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Service.

Signature _____ Date _____ Social Security 574-93-1368
Name JIMMY TALBINI Address 632 ESCUALA STREET SAN JOSE, CA 92132

Wage/hour \$20.41

Health And Welfare: \$3.82 Pension: \$1.00 Supplemental Dues: \$1.01 Training/retraining: \$0.37 Vacation: \$2.20
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