Dale Wentz
SECRETARY - TREASURER

CHAUFFEURS, TEAMSTERS AND HELPERS

LOCAL NO. 150
7120 EAST PARKWAY – SACRAMENTO, CALIFORNIA 95823
TELEPHONE (916) 392-7070 FAX 392-7675
EMAIL teamsters@teamsters150.org

AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

OWNER-OPERATOR

Election Form

Date:_____ **SSN:** _____
Name: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Home: ( ) _____ **Cell:** ( ) _____

Under the terms and conditions of the Association of Engineering Construction Employers, Engineering and Utility Contractors Association, and Associated General Contractors of California and the Heavy Highway Building and Construction Teamsters of Northern California Master Labor Agreement, Section 7, Sub-Section 0, the following election is made and mutually agreed hereto:

☐ **You MUST Initial Box**	**I elect <u>NOT to be on the payroll</u> of the employer** named below with the understanding that my compensation will include the amount that would have been contributed to the pension fund, the health and welfare fund, and the vacation and holiday plan. I understand that income taxes and various payroll taxes may be withheld as may be required by law. I certify that I hold legal or equitable title to the vehicle described below, that my name appears on the title, registration, and all other government-required documents pertaining to the equipment, and that I am the driver of the vehicle. I certify that I am entitled to receive the full wages and benefits due under the Master Agreement for all work I perform there under. I understand that the amount the employer is to pay to me for the lease or rental of my equipment is to be negotiated between me and each employer. I agree that this lease charge may no be less than the actual cost of the operation of the equipment. I also authorize the employer, broker, or contractor to deduct dues and initiation fees from my compensation and send it to the Union on my behalf.
	I elect to be placed on the payroll of the employer indicated below: ***(Employer Authorized Only)***

Circle vehicle type:

10 Wheel Dump	**Double Bottom Dump**	**Semi Bottom Dump**	**Semi End Dump**	**Transfer**	**Mixer**	**Sweeper**	**Water**

OTHER VEHICLE TYPE:_____

Primary Broker *(if applicable)*:

Signature of Owner-Operator:

YOU MUST ATTACH A COPY OF YOUR TRUCK REGISTRATION!