	CERTIFICATION
Applicant Name Applying To: Atlanta, GA Cambridge, MA St. Louis, MO	I certify that Local meets one of the following requirements (please check one):
LOCAL UNION INFORMATION	☐ My Local Union files the Form LM-3 or LM-4 with the U.S. Department of Labor and has gross annual receipts that are less than \$250,000.
Local Union	 My Local from Canada has less than \$250,000 in gross annual receipts.
Mailing Address of Local Union	_
	Applicant's Signature
Financial or Executive Contact at Local Union (please print):	_
	FOR OFFICE USE ONLY:
Contact's phone and email:	Rec'd by Approved Y N
	Notified:
Local Contact Signature	Notes:

THIS FORM MUST BE ACCOMPANIED BY THE APPLICATION FROM A SPECIFIC LOCAL UNION OFFICER FOR ENROLLMENT IN THE 2025 SESSION OF THE IATSE OFFICER INSTITUTE 1.0, TO BE HELD IN ATLANTA, GA (FEB. 24 - 28, 2025), CAMBRIDGE, MA (MAY 12 – 16, 2025), OR ST. LOUIS, MO (OCT. 6 – 10, 2025). SUBSIDIES ARE AWARDED ON A FIRST-COME, FIRST-SERVED BASIS TO QUALIFYING CANDIDATES. SUBSIDIES, WHEN AWARDED, ARE NON-TRANSFERABLE. SUBSIDIES ARE NOT AVAILABLE FOR THE ADVANCED OFFICER INSTITUTE (2.0).