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LIUNA
National Distribution and Mainline Pipeline Agreements
Wage Rate & Fringe Benefit Database

Request for Use Authorization Form

Please type or print clearly. All requested information is required.

Name of User: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____

* Signature of
Regional Manager: _____

Date of request: _____

* Required to secure log on.

You will be notified via e-mail of your password and log on.