



**Independent Electrical Contractors, Inc.**  
**FLORIDA WEST COAST CHAPTER**

**4400 140<sup>th</sup> Avenue North, Suite 170 • Clearwater, FL 33762**  
**Phone: 727-499-0727 • Toll Free: 866-395-3922 • Fax: 727-499-0732**

**REQUEST FOR MANPOWER**

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

TYPE OF WORK: *(check one)*

- |                                     |                                     |                                      |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Residential |
| <input type="checkbox"/> V-D-V      | <input type="checkbox"/> Foreman    | <input type="checkbox"/> Service     |
|                                     |                                     | <input type="checkbox"/> Sales       |

CATEGORY & NUMBER NEEDED:

- |  |                    |                              |                             |   |
|--|--------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Journeyman: Licensed?     | <i>(check one)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| <input type="checkbox"/> Helper: Years Experience: | <i>(check one)</i> | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3                            |
| <input type="checkbox"/> Trainee                   |                    |                              |                             |   |
| <input type="checkbox"/> Service                   |                    |                              |                             |   |
| <input type="checkbox"/> Apprentice                | <i>(check one)</i> | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 <input type="checkbox"/> 4 |

Special Qualifications: \_\_\_\_\_

Exact Jobsite Location: \_\_\_\_\_

Term of Manpower Request: *(number of weeks)* \_\_\_\_\_

Special Requests: \_\_\_\_\_

*FOR IEC, FWCC OFFICE USE*

Date Received: \_\_\_\_\_ From: \_\_\_\_\_

Date Manpower Request Canceled: \_\_\_\_\_

Person Who Canceled: \_\_\_\_\_