

IATSE LOCAL 709
LETTER OF RECOMMENDATION FORM

*** TO BE COMPLETED BY KEYS OR SECONDS OF THE APPLICANT ***

=====

NAME OF APPLICANT: _____ **DEPARTMENT:** _____

NAME OF KEY / SECOND: _____ **LOCAL:** _____

IATSE INITIATION DATE: _____ **EMAIL:** _____

1.PRODUCTION(S) WORKED WITH APPLICANT (INCLUDE DATES, LOCATIONS AND WORKING RELATIONSHIP TO APPLICANT):

2.EXAMPLE OF POSITIVE PERFORMANCE WITNESSED UNDER YOUR SUPERVISION:

3.ANY ADDITIONAL INFORMATION ABOUT APPLICANT THAT YOU WOULD LIKE TO SHARE:

SIGNATURE OF KEY / SECOND: _____ **DATE:** _____