Classification Change

Notification of classification change

Dealership Name:			
Technician Name:			
Department:			
Effective Date:			
From:	(Express, Lube,	Semi-skille	d, Apprentice Technician
То:	(Lube, Semi-skil	led, Appren	tice, Journeyman Tech)
Signed:	vee	Dated:	Date Signed
Signed:	epresentative	Dated:	Date Signed
Attention:	Business Representati	ive	

Must be Faxed or Mailed to Local 701 to the attention of current Business Agent that handles your shop. Give a copy to technician and file one copy for your records.