

APWU Union Official ID Badge Verification

(This form is only required for officials who are retired from the Postal Service or full-time Union Officials who do not have a current Postal ID badge)

Name (Last, First, MI) _____ Title _____

APWU National/State/Local Name _____

Term Begin Date _____ Term End Date _____ Type of Badge: New Renewal Replacement

USPS Employee Status Active Retired Other If Active, USPS EIN _____

List of Facilities Where Access is Required:

APWU Headquarters or Regional Certification

Name (Last, First, MI) _____ Title _____

APWU Region Headquarters Central Eastern Northeastern Southern Western

Signature _____ Date _____

I certify the individual named on this form is a duly elected/appointed APWU representative requiring access to the facilities identified above.

USPS District Labor Relations Verification Form is Complete

Name (Last, First, MI) _____ Title _____

Signature _____ Date _____

The individual named on this form is authorized a USPS Identification badge for the above listed facilities for the duration of the term stated on this form.