



CRAFT DEVELOPMENT FUND OF THEATRICAL STAGE EMPLOYEES LOCAL NO. 4, IATSE



UNION TRUSTEES
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EMPLOYER TRUSTEES
ROBERT USDIN
NICOLE STIEGELBAUER

Certification Reimbursement Statement

Name: _____ Last 4 Digits SSN: _____

Address: _____ Phone: _____
 _____, _____

Cert Type: _____ Cert Date: _____

Agent/Co: _____ Cert Expire: _____

Address: _____ Cert No: _____

_____, _____ Amount \$: _____

Describe what functions the certification allows you to perform: _____

I certify that the above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me any/all future reimbursement from the fund, and that the fund shall have the right to recover any payments made to me because of a false statement.

Print Name

Date

Signature

You must attach a copy of your certificate and a receipt for payment in your name from the Agent or Company issuing the certificate in order to receive your reimbursement.

<u>For Office Use Only</u>		
Check # _____	Check Date _____	Amount _____