WAIVER OF LOCAL JURISDICTION
FORM MLO-113

We, of Local ____ , CWA, acting in accordance with the CWA Constitution and the
Bylaws of this Local, hereby request the below-described jurisdiction now held by this
Local be waived:

(Type complete Jurisdictional language to be waived here. Note: Line extends as you
type)

_____

Reason for Waiving Jurisdiction: _____

(If only waiving partial Jurisdictional language, please type the complete new language
so that we may appropriately create the local’s new charter.)

_____

To be completed by
Vice President’s Office: __________________________
Date Approved: __________________________

By: __________________________

Effective date
of revised Charter: __________________________

Signed: (five signatures required)

Local President

Local Secretary or Secretary-Treasurer

Third Signature

Fourth Signature

Fifth Signature

Date signed: __________________________

Copy for
International (original w/signatures)
District (copy)
Sector (copy)
Local (copy)

MLO-113
(10/18)