



**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 here.)

Reason for Waiving Jurisdiction: _____

To be completed by
Vice President's Office:
Date Approved: _____

Signed: (five signatures required)

Local President

By: _____

Local Secretary or Secretary-Treasurer

Effective date
of revised Charter: _____

Third Signature

Fourth Signature

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

Fifth Signature

Date signed: _____