

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

| DO NOT WRITE IN THIS SPACE |            |
|----------------------------|------------|
| Case No.                   | Date Filed |

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

|   |   |  |   |
|---|---|--|---|
| <b>1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. |   |  |   |
| <b>2a. Name of Employer</b>   |   | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)                                      |   |
| <b>3a. Employer Representative - Name and Title</b>   |   | 3b. Address (If same as 2b - state same)   |   |
| 3c. Tel. No.  | 3d. Fax No.   | 3e. Cell No.   | 3f. E-Mail Address                        |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)   |   | 4b. Principal product or service   |   |
| 5a. Description of Unit Involved<br><b>Included:</b><br><br><b>Excluded:</b>  |   |  | 5b. City and State where unit is located: |
| 6. No. of Employees in Unit   | 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| 8a. Name of Recognized or Certified Bargaining Agent  |   | 8b. Affiliation, if any  |   |
| 8c. Address   |   | 8d. Tel. No.   | 8e. Cell No.                              |
|   |   | 8f. Fax No.  | 8g. E-Mail Address                        |
| 9. Date of Recognition or Certification   |   | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  |   |
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | 11b. If so, approximately how many employees are participating?  |   |
| 11c. The Employer has been picketed by or on behalf of (Insert Name)<br>(Insert Address)  |   | a labor organization, of<br>since (Month, Day, Year)   |   |
| 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)  |   |  |   |
| 12a. Name   | 12b. Address  | 12c. Tel. No.  | 12d. Fax No.                              |
|   |   | 12e. Cell No.  | 12f. E-Mail Address                       |
| 13. <b>Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.  |   | 13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |   |
| 13b. Election Date(s)   | 13c. Election Time(s)   | 13d. Election Location(s)  |   |
| <b>14. Full Name of Petitioner</b>  |   |  |   |
| 14a. Address (Street and number, city, state, ZIP code)   |   | 14b. Tel. No.  | 14c. Fax No.                              |
|   |   | 14d. Cell No.  | 14e. E-Mail Address                       |
| 14f. Affiliation, if any  |   |  |   |
| <b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>  |   |  |   |
| 15a. Name   |   | 15b. Title   |   |
| 15c. Address (Street and number, city, state, ZIP code)   |   | 15d. Tel. No.  | 15e. Fax No.                              |
|   |   | 15f. Cell No.  | 15g. E-Mail Address                       |
| <b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>   |   |  |   |
| Name (Print)  | Signature   | Title  | Date Filed                                |

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.