Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Signature

W/ L	1 D	ET	ΙT	$\boldsymbol{\Gamma}$	N

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					

Date

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located.

REQUEST FOR CERTIFICATION OF REPRESENTATIVES AS BONA FIDE						
				ANDARDS ACT OF 1938		
Pursuant to Section 7(b) of the Fair La fide representative of Employees of the		, the un	dersigned petitioner request	ts certification by the National Labor Relations Board as a bona		
2a. Petitioner Name	o Employor named below.	2b. Ad	dress			
2c. Tel. No.	2d. Cell No.		2e. Fax No.	2f. E-Mail Address		
3a. Employer Name		3b. Ad	3b. Address of Establishment			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	3f. E-Mail Address		
4a. Type of Industry			4b. Principal product or service			
5. Check One						
[] Petitioner and Employer have en	ntered into a collective-ba	argainir	ng agreement. (If so, attach	copies.)		
[] Petitioner and Employer have no	ot entered into a collectiv	e-barga	aining agreement.			
6. Check One						
[] Petitioner has been found to be	the collective bargaining	ng ager	nt for employees at the abo	ove establishment in a proceeding under the National Labo		
Relations Act. (If so, state number of c	ase:)			
Petitioner has not been found to	be the collective bargain	ning age	ent for employees at the ab	pove establishment in a proceeding under the National Labo		
Relations Act. (If so, state number	of case:			<u>.</u>)		
7. The following known labor organizations claim to represent employees at the above establishment:						
				70		
(Name of labor organization)				(Contract expiration date, if any)		
(Name of labor organization)				(Contract expiration date, if any)		
(Name of labor organization)				(Contract expiration date, if any)		
I declare that I have read the above petition and that the statements are true to the best of my			ie to the best of my knowled			

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

Title

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 will cause the NLRB to decline to invoke its processes.