

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
**NOTICE OF DESIGNATION OF ATTORNEY
OR REPRESENTATIVE**

CASE NO.

To: Regional Director,

I, _____, the undersigned, hereby designate
_____, whose name and address appear below,
as my attorney/representative in this proceeding.

This designation shall remain valid until a written revocation of it, signed by me, is filed with the Board.

FULL NAME OF WITNESS
SIGNATURE OF WITNESS <i>(please sign in ink)</i>
DATE

TITLE:	PRONOUNS:
NAME OF ATTORNEY/REPRESENTATIVE	
<input type="checkbox"/> REPRESENTATIVE IS AN ATTORNEY	
MAILING ADDRESS	
EMAIL ADDRESS	
TELEPHONE NUMBER	

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.*; and 29 CFR 102.5(c). The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register at [89 FR 24869 \(April 9, 2024\)](#). 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 refuse to release information to your attorney or representative about this case.