FORM NLRB-502 (RD) (10-24)

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,
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

the employer and all other par Case Procedures (Form NLRB 1. PURPOSE OF THIS PETITION recognized bargaining represen	3 4812). The solution is RD- DECER native is no lor	howing of interest RTIFICATION (REMINISTRE THE INTEREST.)	should only be file OVAL OF REPRES ative. The Petitione	ed with the NLF ENTATIVE) - A r alleges that t	RB and sho substantia he followir	ould <u>not</u> be served on I number of employee ag circumstances ex	on the employer or es assert that the ce	any other party. rtified or currently	
Labor Relations Board proceed under its proper authority pu 2a. Name of Employer			2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)						
On Francisco Bourseautotics, Name and Title		2h Addraga //f game on 2h _ctata game)							
3a. Employer Representative - Name and Title			3b. Address (If same as 2b - state same)						
3c. Tel. No.	3d. Fax No.	No. 3e. Cell No. 3f. E-Ma				ail Address			
4a. Type of Establishment (Factory, mine, wholesaler, etc.)					4b. Principal product or service				
5a. Description of Unit Involved							5b. City and S	State where unit	
Included:							is located	l:	
Excluded:									
6. No. of Employees in Unit	I	a substantial number	· /	he employees ii	n the unit no	o longer wish to be re	presented by the ce	rtified or currently	
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 Certifica	tion		10. Expiration Date	e of Current or I	Most Recen	L t Contract, if any <i>(Mo</i>	nth, Day, Year)		
11a. Is there now a strike or picket	ting at the Emp	oloyer's establishmer	nt(s) involved? 🗌 `	Yes No	11b. If so,	approximately how n	nany employees are	participating?	
11c. The Employer has been picke	eted by or on b	ehalf of (Insert Nan	me)				:	a labor organization, of	
(Insert Address)						sino	e (Month, Day, Yea	r)	
12. Organizations or individuals ot				•	•	•	anizations		
and individuals known to have a representative interest in any employees in the unit of 12a. Name 12b. Address			inproyees in the unit described in the		12c. Tel. No.		12d. Fax No.		
				12e. Cell No.		12f. E-Mail Address			
13. Election Details: If the NLRB matter, state your position with			13a. Election Type: Manua		al Mail Mixed Manual/Mail				
13b. Election Date(s)	ne(s)	13d. Election Location(s)							
14. Full Name of Petitioner									
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									
15. Representative of the Petitio	ner who will a	ccept service of al	I papers for purpo	ses of the repr		proceeding.			
15a. Name					15b.Title				
15c. Address (Street and number, city, state, ZIP code)					15d. Tel. No.		15e. Fax No.		
					15f. Cell N	lo.	15g. E-Mail Addres	s	
I declare that I have read the abo	ove petition a	nd that the stateme	ents are true to the	best of my kn	owledge ar	nd belief.		·	
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