

**UD 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 a showing of interest (see 6b below). When filed with the NLRB, the petition must be accompanied by a showing of interest (see 6b below) that should not be served on any party.

**1. PURPOSE OF THIS PETITION: UD-DEAUTHORIZATION OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire to rescind the authority of such labor organization to require, under such agreement, that employees make certain lawful payments to that labor organization in order to retain their jobs. **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>	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b>
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<b>3a. Employer Representative - Name and Title</b>	<b>3b. Address (If same as 2b - state same)</b>
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<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b>	<b>4b. Principal product or service</b>
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<b>5a. Description of Unit Involved</b> <b>Included:</b>  <b>Excluded:</b>	<b>5b. City and State where unit is located:</b>
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<b>6. Number of Employees in Unit:</b>	<b>6b. Do a substantial number (30% or more) of the employees in the unit desire to rescind the authority of the labor organization to require, under an agreement, that employees make certain lawful payments to that labor organization in order to retain their jobs:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>7a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>	<b>7b. Address</b>
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<b>7c. Tel. No.</b>	<b>7d. Cell No.</b>	<b>7e. Fax No.</b>	<b>7f. E-Mail Address</b>
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**7g. Affiliation**

<b>8. Date of Recognition or Certification</b>	<b>9. Execution &amp; Expiration Dates of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**10. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employee since (Month, Day, Year) \_\_\_\_\_

**11. Organizations or individuals and those named in items 7 and 10, 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)**

<b>11a. Name</b>	<b>11b. Address</b>	<b>11c. Tel. No.</b>	<b>11d. Cell No.</b>
		<b>11e. Fax No.</b>	<b>11f. E-Mail Address</b>

**12. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **12a. Election Type:**  
 Manual  Mail  Mixed Manual/Mail

<b>12b. Election Date(s):</b>	<b>12c. Election Time(s):</b>	<b>12d. Election Location(s):</b>
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<b>13. Full Name of Petitioner (including local name and number if applicable)</b>	<b>13a. Address (Street and number, city, state, ZIP code)</b>
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**13b. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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**14. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title</b>	<b>14b. Address (Street and number, city, state, ZIP code)</b>
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<b>14c. Tel. No.</b>	<b>14d. Cell No.</b>	<b>14e. Fax No.</b>	<b>14f. E-Mail Address</b>
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**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)</b>	<b>Signature</b>	<b>Title</b>	<b>Date</b>
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**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, [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 decline to invoke its processes.