FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

AL LABOR RELATIONS I **RD PETITION**

| Case No. | Date Filed |
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INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 (asset 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.

| Case Procedures (Form NLRB 481) | 2). The s | showing of interest | should only be file | d with the NLI | RB and sh | ould <u>not</u> be served o | on the employer or | any other party. | |
|---|--|---|---|------------------------------------|----------------------|-----------------------------|--------------------------|--------------------------|--|
| PURPOSE OF THIS PETITION: RI recognized bargaining representativ Labor Relations Board proceed u | e is no lo | nger their representa | ative. The Petitione | r alleges that t | he followii | ng circumstances ex | | | |
| 2a. Name of Employer | | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) | | | | | | |
| 3a. Employer Representative - Name | 3b. Address (If same as 2b - state name) | | | | | | | | |
| 3c. Tel. No. 3d. I | Fax No. | | 3e. Cell No. 3f. E-Mail Address | | | Address | | | |
| 30. Tel. NO. | ax No. | | Ge. Gen No. | | oi. L-iviali Address | | | | |
| 4a. Type of Establishment (Factory, min | ne, whole | esaler, etc.) | | | 4b. Princi | pal product or service | | | |
| 5a. Description of Unit Involved | | | | | | | 5b. City and S | State where unit | |
| Included: | | | | | | | is located | | |
| LAGIDUCU. | | | | | | | | | |
| 6. No. of Employees in Unit | | a substantial number | | ne employees ii Yes \text{No} | n the unit n | o longer wish to be re | presented by the ce | rtified or currently | |
| 8a. Name of Recognized or Certified Bargaining Agent | | | | | 8b. Affiliatio | | 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 | ate of Current or Most Recent Contract, if any (M | | | Ionth, Day, Year) | | | | |
| 11a. Is there now a strike or picketing a | it the Emp | ployer's establishmer | nt(s) involved? | Yes No | 11b. If so, | approximately how n | nany employees are | participating? | |
| 11c. The Employer has been picketed by | oy or on b | pehalf of (Insert Nan | ne) | | l | | | a labor organization, of | |
| (Insert Address) | • | | | | | sino | ce (Month, Day, Year | -) | |
| 12. Organizations or individuals other th | nose nam | ned in items 8 and 11 | c, which have claim | ed recognition | as represer | ntatives and other org | anizations | • | |
| and individuals known to have a rep 12a. Name | oresentat | | nployees in the unit | described in ite | m 5 above. | | 12d. Fax No. | | |
| 12a. Name | 120. AC | iuiess | | | 120. 161. 1 | VO. | 12u. 1 ax 110. | | |
| | | | | | 12e. Cell | No. | 12f. E-Mail Address | ; | |
| Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. | | | | | 13a. Elect | tion Type: Manua | I Mail Mixed Manual/Mail | | |
| 13b. Election Date(s) | | 13c. Election Tin | ne(s) | | 13d. Elect | tion Location(s) | | | |
| 14. Full Name of Petitioner | | | | | I | | | | |
| 14a. Address (Street and number, city, state, ZIP code) | | | | 14b. Tel. No. | | No. | 14c. Fax No. | | |
| | | | | | 14d. Cell | No. | 14e. E-Mail Addres | S | |
| 14f. Affiliation, if any | | | | | | | | | |
| <u> </u> | who will: | accent service of al | I naners for nurnes | sas of the renr | osontation | nroceeding | | | |
| 15. Representative of the Petitioner who will accept service of all papers for purposes of the rep 15a. Name | | | | | 15b.Title | | | | |
| 15c. Address (Street and number, city, state, ZIP code) | | | | | 15d. Tel. No. 15 | | 5e. Fax No. | | |
| | | | 1 | | 15f. Cell No. | | 15g. E-Mail Address | | |
| I dealone that I have not I think | - 414! - · | and the the sector | unto ano terro to th | hoot of m | | | | | |
| I declare that I have read the above power (Print) | жииоп а | Signature | ents are true to the | Desi or my Kn | Title | nu pener. | | Date Filed | |
| reame (Fifth) | | - Signature | | | 7100 | | | | |

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