## **REVIEW THE FOLLOWING IMPORTANT INFORMATION BEFORE FILLING OUT A STATEMENT OF POSITION FORM**

Completing and Filing this Form: The Notice of Hearing indicates which parties are responsible for completing the form. If you are required to complete the form, you must have it signed by an authorized representative and file a completed copy (including all attachments) with the RD and serve copies on all parties named in the petition by the date and time established for its submission. If more space is needed for your answers, additional pages may be attached. If you have questions about this form or would like assistance in filling out this form, please contact the Board agent assigned to handle this case. You must EFile your Statement of Position at , but unlike other e-Filed documents, it will *not* be timely if filed on the due date but after noon in the time zone of the Region where the petition was filed.

Note: Non-employer parties who complete this Statement of Position are NOT required to complete items 8f and 8g of the form, or to provide a commerce questionnaire or the lists described in item 7.

**Required Lists:** The employer's Statement of Position must include a list of the full names, work locations, shifts, and job classifications of all individuals in the proposed unit as of the payroll period preceding the filing of the petition who remain employed at the time of filing. If the employer contends that the proposed unit is inappropriate, the employer must separately list the full names, work locations, shifts and job classifications of all individuals that it contends must be added to the proposed unit to make it an appropriate unit. The employer must also indicate those individuals, if any, whom it believes must be excluded from the proposed unit to make it an appropriate unit. These lists must be alphabetized (overall or by department). Unless the employer certifies that it does not possess the capacity to produce the lists in the required form, the lists must be in a table in a Microsoft Word file (.doc or .docx) or a file that is compatible with Microsoft Word, the first column of the table must begin with each employee's last name, and the font size of the list must be that size or larger. A sample, optional form for the list is provided on the NLRB website at

**Consequences of Failure to Supply Information:** Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations. Section 102.66(d) provides as follows:

A party shall be precluded from raising any issue, presenting any evidence relating to any issue, crossexamining any witness concerning any issue, and presenting argument concerning any issue that the party failed to raise in its timely Statement of Position or to place in dispute in response to another party's Statement of Position or response, except that no party shall be precluded from contesting or presenting evidence relevant to the Board's statutory jurisdiction to process the petition. Nor shall any party be precluded, on the grounds that a voter's eligibility or inclusion was not contested at the pre-election hearing, from challenging the eligibility of any voter during the election. If a party contends that the proposed unit is not appropriate in its Statement of Position but fails to specify the classifications, locations, or other employee groupings that must be added to or excluded from the proposed unit to make it an appropriate unit, the party shall also be precluded from raising any issue as to the appropriateness of the unit, presenting any evidence relating to the appropriateness of the unit, cross-examining any witness concerning the appropriateness of the unit, and presenting argument concerning the appropriateness of the unit. If the employer fails to timely furnish the lists of employees described in §§102.63(b)(1)(iii), (b)(2)(iii), or (b)(3 (iii), the employer shall be precluded from contesting the appropriateness of the proposed unit at any time and from contesting the eligibility or inclusion of any individuals at the preelection hearing, including by presenting evidence or argument, or by cross-examination of witnesses.

L	ETITION CAN BE PUNISHED BY FINE AND	I			
9f. Business Phone No.:	9g. Fax No.:	9h	. Cell No.:		
9d. Address (Street and number, city, state, and ZIP cod		9e	. e-iviali Auufess		
Od Address (Street and number alty state and 7/D sade)			. e-Mail Address		
9a. Full name and title of authorized representative	9b. Signature of author	-		9c. Date	
9. Representative who will accept service of all pape	ers for purposes of the representation pr	· · ·	specify length)		
		Ueekly	Weekly Biweekly		
8e. Eligibility Period (e.g. special eligibility formula):	8f. Last Payroll Period Ending Date:	8g. Length	of payroll period		
8b. Date(s):	8c. Time(s):	8d. Location(s):			
8a. State your position with respect to the details of any	r. Type: 🔄 Manual 🗌 Mail 🗌 Mixed Manual/Mail				
containing the full names of any individuals it at it con		, , , , , , , , , , , , , , , , , , , ,	<i>/ \</i>	, , ,	
<ul> <li>the filing of the petition who remain employed as</li> <li>(b) If the employer contends that the proposed unit is and job classifications of all individuals that it con</li> </ul>	s inappropriate the employer must provide (	1) a separate list containir			
(a) A list containing the full names, work locations, sh			he payroll period im	mediately preceding	
7. The employer must provide the following lists which n	nust be alphabetized (overall or by departm	ent) in the format specifie	d at		
6. Describe all other issues you intend to raise at the pre	e-election hearing.				
5. Is there a bar to conducting an election in this case?	Yes No If yes, state the basis	for your position.			
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<ol> <li>Other than the individuals in classifications listed in 3 and the basis for contesting their eligibility.</li> </ol>	o, list any individual(s) whose eligibility to vo	ote you intend to contest a	t the pre-election he	aring in this case	
Added:	Excluded:				
b. State any classifications, locations, or other employee		led from the proposed uni	to make it an appro	priate unit.	
such as shares a community of interest or are superv	isors or guards.)				
<ul><li>3. Do you agree that the proposed unit is appropriate?</li><li>a. State the basis for your contention that the proposed</li></ul>	unit is not appropriate. (If you contend a cla		ided or included brie	efly explain why,	
(A completed commerce questionnaire (Attachment A	) must be submitted by the Employer, regar		on is admitted)		
2. Do you agree that the NLRB has jurisdiction over the	Emplover in this case? Yes No				
1b. Address (Street and number, city, state, and ZIP cod	de):	1d. Cell No.:	1f. e-Mail Address:		
or the lists described in item 7. 1a. Full name of party filing Statement of Position:		1c. Business Phone:	1e. Fax No.:		
on each party named in the petition in this case su Note: Non-employer parties who complete this for					
INSTRUCTIONS: Submit this Statement of Positio					
NATIONAL LABOR R STATEMENT (		Case No.		Date Filed	
FORM NLRB-505 (12-20) UNITED STATES	S OF AMERICA	DO NOT WRITE IN THIS SPACE			

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. Section 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation proceedings. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. 74942-43 (December 13, 2006). The NLRB will further explain these uses upon request. Failure to supply the information requested by this form may preclude you from litigating issues under 102.66(d) of the Board's Rules and Regulations and may cause the NLRB to refuse to further process a representation case or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

-	UESTIONNAIRE O	ABOR RELATIONS BOARD <b>N COMMERCE INFORM</b> Il applicable items, and return to the NI I, please add a page and identify item	LRB Office.		
CASE NAME			CASE NUMBER	۶	
1. EXACT LEGAL TITLE OF ENTITY (As filed	d with State and/or stated in legal c	locuments forming entity)			
2. TYPE OF ENTITY	LLP 🗌 PARTNERSHIP 🗌		IER (Specify)		
3. IF A CORPORATION OR LLC A. STATE OF INCORPORATION OR FORM	ATION B. NAME, ADDRESS, AN	D RELATIONSHIP (e.g. parent, subsidiary)	OF ALL RELATED ENTITIES	S	
4. IF AN LLC OR ANY TYPE OF PARTNERS	HIP, FULL NAME AND ADDRESS	S OF ALL MEMBERS OR PARTNERS			
5. IF A SOLE PROPRIETORSHIP, FULL NAI	ME AND ADDRESS OF PROPRIE	TOR			
6. BRIEFLY DESCRIBE THE NATURE OF Y	OUR OPERATRIONS (Products h	andled or manufactured, or nature of servic	es performed)		
7A. PRINCIPAL LOCATION	7B. BRANCH LOC	ATIONS			
8. NUMBER OF PEOPLE PRESENTLY EMP A. TOTAL		ESS INVOLVED IN THIS MATTER			
9. DURING THE MOST RECENT (Check the	appropriate box): CALENDA	R 12 MONTHS or FISC/	AL YEAR FY DATES		
A. Did you <b>provide services</b> valued in excess If no, indicate actual value.	s of \$50,000 directly to customers of	outside your State?		YES	NO
<ul> <li>B. If you answered no to 9A, did you provide in your State who purchased goods valued If no, indicate the value of any such service</li> </ul>	in excess of \$50,000 from directly				
C. If you answered no to 9A and 9B, did you p systems, newspapers, health care institutio or retail concerns? If less than \$50,000, inc	provide services valued in excess ons, broadcasting stations, comment				
D. Did you <b>sell goods</b> valued in excess of \$50 If less than \$50,000, indicate amount.	0,000 directly to customers located	l outside your State?			
E. If you answered no to 9D, did you sell goo located inside your State who purchased o outside your State? If less than \$50,000, in	ther goods valued in excess of \$50				
F. Did you <b>purchase and receive goods</b> value If less than \$50,000, indicate amount.	ied in excess of \$50,000 from direc	ctly outside your State?			
G. Did you <b>purchase and receive goods</b> values the goods directly from points outside your					
H. Gross Revenues from all sales or perform	_ `	est amount): If less than \$100,000, indicate amount.			
I. Did you begin operations within the last					
10. ARE YOU A MEMBER OF AN ASSOCIA YES NO (If yes, name and	TION OR OTHER EMPLOYEE GR address of association or group	OUP THAT ENGAGES IN COLLECTIVE B	ARGAINING?	1	
11. REPRESENTATIVE BEST QUALIFIED T		N ABOUT YOUR OPERATIONS			
NAME	TITLE	E-MAIL ADDRESS		TEL. NUMBE	R
12. AUTHORIZED REPRESENTATIVE COM	PLETING THIS QUESTIONNAIRE	I			
NAME AND TITLE	SIGNATURE	E-MAIL ADDRESS		DATE	
Solicitation of the information on this form is the National Labor Relations Board (NLRB) the information are fully set forth in the Fed information to the NLRB is voluntary. Howe case, or may cause the NLRB to issue you	s authorized by the National Labor in processing representation and/ eral Register, 71 Fed. Reg. 74942- ver, failure to supply the informatio	or unfair labor practice proceedings and rela 43 (Dec. 13, 2006). The NLRB will further e n may cause the NLRB to refuse to process	ated proceedings or litigation. explain these uses upon reque	The routine us est. Disclosure	ses for of this