

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
VOLUNTARY RECOGNITION NOTICE

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed

The Employer in this matter has determined that the Labor Organization named below represents a majority of its employees and is recognizing the Labor Organization as the exclusive representative of the employees for the purposes of collective bargaining pursuant to Section 9 of the National Labor Relations Act.

1. Name of Employer:		2. Address(es) of Establishment(s) involved (Number and Street, City, State, ZIP code):			
3a. Employer Representative - Name and Title:		3b. Address (if same as 2 - state same):			
3c. Telephone Number	3d. Cell Number	3e. Fax Number	3f. E-Mail Address		
4. Description of Unit Involved: Included:					5. Number of Employees in Unit:
Excluded:					
6a. Name of Recognized Labor Organization:			6b. Address (Number and Street, City, State, ZIP code):		
7a. Representative - Name and Title:			7b. Address (if same as 6 - state same):		
7c. Telephone Number	7d. Cell Number	7e. Fax Number	7f. E-Mail Address		
8. Date of Voluntary Recognition			9. Effective Date of Collective Bargaining Agreement(s) (if any):		
Name (Print)		Title		Date	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.					
Signature					

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, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). 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.

Please fill all necessary fields on the form PRIOR to digitally signing. To make changes after the form has been signed, right-click on the signature field and click "clear signature." Once complete, please sign the form.