Form NMB - 1 OMB No. 3140-0001 (Expiration Date 12/31/2020)

# 

# **Application for Investigation of Representation Dispute**

**Date:** \_<<date you fill out>>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO THE NATIONAL MEDIATION BOARD, Washington, D. C. 20005: A dispute has arisen among the employees of:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Carrier: | <<name of employer>> | Address: | <<corporate address of employer>> |
| Contact: | <<name HR person if known>> | City, State, Zip Code: | <<city ST Zip of HR office>> |
| Telephone Number: | <<phone # of HR office or your boss>> | Fax Number: | <<Fax for HR or your boss>> |
| E-Mail | <<email for HR or your boss>> |  |  |

as to who is the representative of these employees designated and authorized in accordance with the requirements of the Railway Labor Act. The undersigned, one of the parties to the dispute, hereby requests the National Mediation Board to investigate this dispute, and to certify the name or names of the individuals or organizations authorized to represent the employees involved in accordance with Section 2, Ninth, of the Act.

#### PARTIES TO DISPUTE

|  |  |
| --- | --- |
| Petitioning organization or representative: | <<put your full name >> §1206.5 Employee representative |
| Organization holding existing agreement, if any: | <<name of union you wnat to remove>> Date: <<Date of contract or unknown>> |
| Other organization or representatives involved in dispute: | NONE |

**CRAFT OR CLASS of Employees Involved – (If more than one craft or class, use a separate application)**

|  |  |  |
| --- | --- | --- |
|  | Craft or Class | Number of Employees |
|  | <<CRAFT/CLASS is normaly in the 1st part of your union contract>> | <<total # covered by the labor contract>> |

**Federal Law prohibits knowingly and willfully making materially false, fictitious, or fraudulent statements or representations in any matter within the jurisdiction of the U.S. Government. 18 U.S.C. § 1001. This includes the information provided on this application as well as the accompanying showing of interest.**

**EVIDENCE OF REPRESENTATION – this application is supported by:**

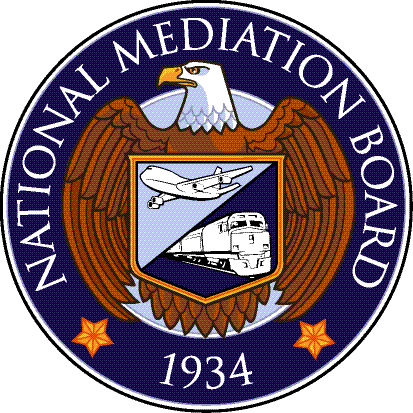
|  |  |
| --- | --- |
|  | At least 50% of the Craft/Class support this application. See the attached authorization cards requesting a decertification election |

**I declare that the information submitted is true to the best of my knowledge**

|  |  |  |
| --- | --- | --- |
| Name and Signature: | <<type in your name then sign on same line>> | |
| Title: | Individual seeking decertification | |
| Address: | <<your STREET address>> | Telephone: <<your phone>> |
| City, State, Zip Code: | <<YOUR City, ST and Zip>> | Fax: <<YOUR fax or NA>> |
| E-Mail | <<YOUR email address>> |  |

**Instructions:** Continue to page 2.

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# **APPLICANT NOTICE OF APPEARANCE**

The \_\_Employees seeking Decertification\_\_\_\_\_\_\_\_ hereby enters the following names, addresses,

(Applicant Organization)

phone numbers, fax numbers, and email addresses for the individual(s) designated as the representative(s)

of \_\_\_\_\_\_\_ Employees seeking Decertification \_\_\_\_\_\_\_\_\_ in connection with the Application for Investigation

(Applicant Organization)

of Representation Dispute:

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Title: | <<put your full name >> | Telephone: | <<your phone>> |
| Address: | <<your STREET address>> | Fax: | <<YOUR fax or NA>> |
| City, State, Zip Code | <<YOUR City, ST and Zip>> | Email: | <<YOUR email address>> |
|  |  | Alternate Telephone: | <<your 2nd phone>> |

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Title: |  | Telephone: |  |
| Address: |  | Fax: |  |
| City, State, Zip Code |  | Email: |  |
|  |  | Alternate Telephone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Title: |  | Telephone: |  |
| Address: |  | Fax: |  |
| City, State, Zip Code |  | Email: |  |
|  |  | Alternate Telephone: |  |

**Filing Instructions:** File this application in duplicate. **Additional Sheets:** Use and attach additional sheets as needed.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control Number. The valid OMB control number for this information collection is 3140-0001. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.