

## **Application for Investigation of Representation Dispute**

			Date:				
TO THE NATIONAL MEDIATION BOARD, Washington, D. C. 20572: A dispute has arisen among the employees of:							
Name of Carrier:			Address:				
Contact:		City, State, Zip Code:					
	Telephone Number:		Fax Number:				
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							
Petitio	oning organiza	tion or representative:					
Petitioning organization or representative:  Organization holding existing agreement, if any:				Date:			
Other organization or representatives involved in dispute:							
CRAFT OR CLASS of Employees Involved – (If more than one craft or class, list separately)  Craft or Class  Number of Employee					list separately)  Number of Employees		
1.							
2.							
3. 4.							
5.							
6.							
EVIDENCE OF REPRESENTATION – this application is supported by (check applicable box):							
	At least a majority, if the employees are represented and there is a valid collective bargaining agreement.						
At least 35%, if the employees are unrepresented.							
Name and Signature:							
Title:							
Address:			Tele	Telephone:			
City, State, Zip Code:			Eavi	Fax:			



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## **APPLICANT NOTICE OF APPEARANCE**

The	hereb	hereby enters the following names, addresses,				
	The hereby enters the following names, addresses, (Applicant Organization)					
phone numb	phone numbers, fax numbers, and email addresses for the individual(s) designated as the representative(s)					
of	in conr	in connection with the Application for Investigation				
	of in connection with the Application for Investigation  (Applicant Organization)					
of Represen	tation Dispute:					
Name & Title:		Telephone:				
Address:		Fax:				
City, State, Zip Code		Email:				
		Alternate Telephone:				
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.