

Mail to: Mediation Department National Mediation board 1301 k Street NW, Suite 250 E. Washington, DC 20005

Mediation – 202-692-5084

email:mediation@nmb.gov

## **Application for Mediation Services**

ted between them, and the services of the N	National Mediation Board under Section	n 5, First, of the Railway Labor Act, are hereby
C ISSUE(S) IN DISPUTE (If necessary	y extend question on additional sheet o	or attach exhibit):
p,	ADTIES TO DISDITE	
Carrier	ARTIES TO DISPOTE	Organization/Individual
	Organization Name	
	Organization	
<del></del>	Address	
ip	City, State and Zip	
	Telephone	
	Fax	
	Email	
overning rates of pay, rules, or working con-	ditions is in effect, give name of partie	es thereto and date thereof. If there is no such
COMPLIANC	E WITH RAILWAY LABOR A	СТ
involves change in the above-mentioned ag	6.1 20.1	
here		tice served by party desiring change and insert
	mental agreement, attach copy of requ	est made by party desiring same and insert date
involves the negotiation of a new or supple	mental agreement, attach copy of requ	est made by party desiring same and insert date
involves the negotiation of a new or suppleme	mental agreement, attach copy of requ	est made by party desiring same and insert date
involves the negotiation of a new or supplementeen refusal to confer, so state and give reason (City and State)	mental agreement, attach copy of requent; otherwise, give date of last conferen	est made by party desiring same and insert date  ce here  (Month)
involves the negotiation of a new or supplementer entering to confer, so state and give reason	mental agreement, attach copy of requent; otherwise, give date of last conferen	est made by party desiring same and insert date
involves the negotiation of a new or supplementeen refusal to confer, so state and give reason (City and State)	mental agreement, attach copy of requent; otherwise, give date of last conferen	est made by party desiring same and insert date  ce here  (Month)
	C ISSUE(S) IN DISPUTE (If necessary  Carrier  Carrier  Cupations rates of pay, rules, or working contexts.)	Organization Name Organization Official Title Address City, State and Zip Code Telephone Fax Email  WORKING AGREEMENT Overning rates of pay, rules, or working conditions is in effect, give name of parties  COMPLIANCE WITH RAILWAY LABOR A

**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 3140-0002. 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.