



UNITED STATES OF AMERICA
FEDERAL LABOR RELATIONS AUTHORITY
DESIGNATION OF REPRESENTATIVE

and	<i>Charged Party</i>
	<i>Charging Party</i>

CASE NO.

Fill out the information in the boxes in sections 1 and 2 below

Section 1 – Party	
Section 2 - Representative Information	
Name	Telephone No.
Title	Cell No.
Address	Fax No.
	E-mail
City State ZIP	

The person named above represents the party named in Section 1 in this case. Please serve this representative with all written communications, except for subpoenas. This designation remains effective until it is revoked or a new designation is filed.

Name (please print or type)

Signature