Form Approved
OMB No. 52R-0006

**FEDERAL LABOR RELATIONS AUTHORITY**

# PETITION FOR CONSULTATION RIGHTS ON GOVERNMENT-WIDE RULES OR REGULATIONS

| | |
|---|---|
| INSTRUCTIONS: File an original and 4 copies of this Petition with the Regional Director, Federal Labor Relations Authority, for the area which the headquarters of the Agency for which you are seeking Consultation Rights on Government-Wide Rules or Regulations (CR) is located, and a statement of any relevant facts not contained in this Petition along with a copy of the Petition and the accompanying material referred to above on each known interested party. If more space is required for any item, attach additional sheets, numbered according to the item to which they pertain. A list (including names and addresses) of those upon whom service has been made should accompany the Petition. | DO NOT WRITE IN THIS SPACE<br>CASE NO.<br>DATE FILED |
| The Petitioner states that is has submitted to the agency and to the Assistant Secretary of Labor for Labor-Management Relations a roster of its officers and representatives, a copy of its constitution and bylaws and a statement of its objectives. | |

1. PURPOSE OF THIS PETITION: THE PETITIONER SEEKS TO - ( ) obtain CR ; ( ) retain CR covering the agency named in item number 2 below:

| 2. A. NAME OF AGENCY | B. PERSON OF CONTACT, TITLE | C. PHONE NO. |
|---|---|---|
| | | |

D. ADDRESS *(Street and Number, City, State and ZIP Code)*

3. A. THE PETITIONER MEETS THE CRITERIA FOR CR ON GOVERNMENT-WIDE RULES AND REGULATIONS SET FORTH IN THE REGULATIONS OF THE FEDERAL LABOR RELATIONS AUTHORITY.

and

B. THE PETITIONER MADE AN ADEQUATE SHOWING OF EXCLUSIVE RECOGNITION AS REQUIRED BY THE REGULATIONS OF THE FEDERAL LABOR RELATIONS AUTHORITY ON _____ _____
*(date)*

4. A. THE AGENCY COVERED BY THIS PETITION:

*(Check one)* (1)_____ Rejected the Petitioner's adequate showing of exclusive recognition on_____
*(Date)*

*or*

(2)_____ Notified the Petitioner on _____ of an intension to terminate CR
*(Date)*

B. STATE THE REASONS, IF ANY, GIVEN BY AGENCY FOR THE ACTION INDICATED ABOVE

5. A. FULL NAME OF PETITIONER (Give local name and number, national or international, and affiliation, if any)

| B. ADDRESS *(Street and Number, City, State and ZIP Code)* | C. PHONE NO. |
|---|---|
| | |

6. I DECLARE THAT I HAVE READ THE ABOVE PETITION AND THAT THE STATEMENT THEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. WILLFULLY FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001).
BY *(Type or print below the name of the representative or person filing the Petition)*

SIGNATURE

ADDRESS *(Street and Number, City, State and ZIP Code)*

| TITLE | PHONE NO. | DATE |
|---|---|---|
| | | |