

National Labor Relations Board
NOTICE OF DESIGNATION OF ATTORNEY
OR REPRESENTATIVE

CASE NO.

To: Regional Director,

I, _____, the undersigned, hereby designate
_____, whose name and address appear below,
as my attorney/representative in this proceeding.

This designation shall remain valid until a written revocation of it, signed by me, is filed with the Board.

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|--|
| FULL NAME OF WITNESS |
| |
| SIGNATURE OF WITNESS <i>(please sign in ink)</i> |
| DATE |

| |
|--|
| NAME OF ATTORNEY/REPRESENTATIVE |
| <input type="checkbox"/> REPRESENTATIVE IS AN ATTORNEY |
| MAILING ADDRESS |
| EMAIL ADDRESS |
| TELEPHONE NUMBER |