



UNITED STATES OF AMERICA
FEDERAL LABOR RELATIONS AUTHORITY

OMB No. 52-R0004
FLRA Form 24 (Rev. 2-80)

PETITION FOR NATIONAL CONSULTATION RIGHTS

INSTRUCTIONS: File an original and 4 copies of this Petition with the Regional Director, Federal Labor Relations Authority, for the area in which the headquarters of the level (either agency or primary national subdivision) for which you are seeking National Consultation Rights (NCR) is located, and a statement of any relevant facts not contained in this Petition along with a copy of all correspondence relating to the matter of NCR. Upon filing the Petition, serve 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 attached 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	
		CASE NO.	
The Petitioner states that it has submitted to the agency or primary national subdivision 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.		DATE FILED	
1. PURPOSE OF THIS PETITION: THE PETITIONER SEEKS TO - () obtain NCR; () retain NCR covering the () Agency; () primary national subdivision named below (Check one) If this Petition is for NCR on an Agency level, complete all items except for item 3; if for a primary national subdivision, complete all items.			
2. AND 3. INFORMATION CONCERNING AGENCY OR PRIMARY NATIONAL SUBDIVISION OF AN AGENCY IN WHICH PETITIONER SEEKS TO OBTAIN OR RETAIN NCR			
2. A. NAME OF AGENCY		B. PERSON TO CONTACT, TITLE	
		C. PHONE NO.	
D. ADDRESS (Street and Number, City, State and ZIP Code)			
3. A. NAME OF PRIMARY NATIONAL SUBDIVISION		B. PERSON TO CONTACT, TITLE	
		C. PHONE NO.	
D. ADDRESS (Street and Number, City, State and ZIP Code)			
4. FOR THE LEVEL (AGENCY OR PRIMARY NATIONAL SUBDIVISION) COVERED BY THIS PETITION, THE PETITIONER:			
A. MEETS THE CRITERIA FOR NCR ON NATIONAL CONSULTATION RIGHTS AND REGULATIONS SET FORTH IN THE REGULATIONS OF THE FEDERAL LABOR RELATIONS AUTHORITY.			
and			
B. MADE AN ADEQUATE SHOWING OF EXCLUSIVE RECOGNITION AS REQUIRED BY THE REGULATIONS OF THE FEDERAL LABOR RELATIONS AUTHORITY ON _____ (Date)			
5. A. THE AGENCY COVERED BY THIS PETITION:			
(Check one) (1) _____ Rejected the Petitioner's adequate showing of exclusive recognition on _____ (Date)			
(2) _____ Failed to respond in writing to Petitioner's request for NCR which was served on the agency or primary national subdivision on _____ (Date)			
(3) _____ Notified the Petitioner on _____ of an intention to terminate NCR. (Date)			
B. STATE THE REASONS, IF ANY, GIVEN BY AGENCY OR PRIMARY NATIONAL SUBDIVISION FOR THE ACTION INDICATED ABOVE			
6. 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.	
7. I DECLARE THAT I HAVE READ THE ABOVE PETITION AND THAT THE STATEMENTS 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