

State of California
Agricultural Labor Relations Board
Voting Kit Request Form

Instructions: Submit this request to the ALRB regional office in the region in which the employer concerned is located. If more space is required for any one item, attach additional sheets as necessary.

FOR ALRB USE
Date Filed: _____

1. Information of Requester

Physical Address

Name

Addr

Phone

City

State

Zip

Email

Check box if mailing address same as physical

Name

Addr

Phone

City

State

Zip

Email

2. Information of Agricultural Employee for Whom the Voting Kit is Being Requested (If Employee Is Not the Requestor)

Physical Address

Name

Addr

Phone

City

State

Zip

Email

Check box if mailing address same as physical

Name

Addr

Phone

City

State

Zip

Email

3. Agricultural Employer or Farm Labor Contractor (FLC). Please list both if known.

Employer

FLC

FLC License No. (If Available)

4. Information for Mailing the Voting Kit

Physical or Post Office Box Address Where Kit Shall Be Sent

Name

Addr

City

State

Zip

For the representative of a Labor Organization requesting a Voting Kit on behalf of an agricultural employee:

I attest that my labor organization has filed an LM-2 form(s) with the federal government within the past two years from the date of signature.

I attest that the above named agricultural employee has authorized my labor organization to submit a Voting Kit Request form on their behalf. Please see attached authorization.

The above contents of this form are true to the best of my knowledge.

Signature

Date