

**PLEASE REVIEW THE FOLLOWING
IMPORTANT INFORMATION BEFORE FILLING OUT A
QUESTIONNAIRE ON COMMERCE INFORMATION FORM!**

- Please call the Board Agent to whom the pending charge or petition is assigned for assistance in completing the questionnaire on commerce information form. The Agent will be happy to answer your questions about the information requested on the form. This form should be completed by your representative best qualified to give information concerning the legal status, revenues, as well as, operations of your business.
- In Questions 3, 4, 5 and 6, please provide all information requested including applicable zip codes and suite numbers.
- Under Questions 10A through F, check the appropriate box for question. If you are required to indicate a dollar amount in Questions 10A through F, do so in the box to the immediate right of the question. If the information requested under Questions 10 through E is not applicable to your business, state the same in the box to the immediate right of the question.
- After completing the questionnaire on commerce information form, be sure that the authorized representative completing the questionnaire on commerce signs and dates the questionnaire and mails, faxes or hand delivers the completed questionnaire to the appropriate Regional Office.
- The information provided in the questionnaire on commerce information should be based on your business records reflecting the total yearly amount of business done by your enterprise or the yearly amount of your sales or of your purchases.
- Be sure to include the telephone number of the party best qualified to provide further information concerning the operations of your business.
- The completed questionnaire on commerce information should be submitted to the Board Agent to whom the pending charge or petition is assigned. If charges or petitions are pending in two or more Regions, a Board Agent to whom any of the pending charge or petition is assigned will be happy to assist you in locating the appropriate Regional Office in which to file the questionnaire on commerce information.

NATIONAL LABOR RELATIONS BOARD
QUESTIONNAIRE ON COMMERCE INFORMATION

Please read carefully. Answer all applicable items and return to the Regional Office. If additional space is required, use plain bond paper and identify item number.

CASE NAME		CASE NUMBER
1. TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP		
2. CLASSIFICATION WHICH DESCRIBES YOUR BUSINESS <input type="checkbox"/> WHOLESALING <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> OFFICE OF INDUSTRIAL BUILDING <input type="checkbox"/> RETAIL <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOTEL - MOTEL <input type="checkbox"/> MANUFACTURING/PROCESSING <input type="checkbox"/> SERVICE ORGANIZATION <input type="checkbox"/> TRUCKING <input type="checkbox"/> PUBLIC UTILITY <input type="checkbox"/> BROADCASTING STATION <input type="checkbox"/> NURSING HOME <input type="checkbox"/> TRANSIT SYSTEM <input type="checkbox"/> BUILDING AND CONSTRUCTION <input type="checkbox"/> OTHER (Describe)		
3. EXACT LEGAL TITLE OF FIRM		
4. IF A CORPORATION		
A. INCORPORATED IN STATE OF:	B. NAME(S) AND ADDRESS(ES) OF PARENT, SUBSIDIARY, OR RELATED CORPORATION, IF ANY, AND DESCRIBE RELATIONSHIP.	
5. IF A PARTNERSHIP FULL NAME AND COMPLETE ADDRESS OF ALL PARTNERS.		
6. IF A PROPRIETORSHIP FULL NAME AND COMPLETE ADDRESS OF PROPRIETOR.		
7. BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS (General products handled or manufactured, or nature of services performed).		
8. PRINCIPAL PLACE OF BUSINESS LOCATED AT:		BRANCH(ES) LOCATED AT:
9. NUMBER OF PERSONNEL PRESENTLY EMPLOYED BY YOUR FIRM		
A. TOTAL	B. AT THE ADDRESS INVOLVED IN THIS PROCEEDING.	
10. DURING THE PAST <input type="checkbox"/> CALENDAR, <input type="checkbox"/> FISCAL YEAR (If Fiscal Year indicate dates) OR <input type="checkbox"/> LAST 12 MONTHS (Check appropriate box):		
A. DID GROSS REVENUE FROM SALES OR PERFORMANCE OF SERVICES DIRECTLY TO CUSTOMERS OUTSIDE THE STATE EXCEED \$50,000 <input type="checkbox"/> YES <input type="checkbox"/> NO IF LESS THAN \$50,000 INDICATE AMOUNT		\$
B. DID GROSS AMOUNT OF PURCHASES OF MATERIALS OR SERVICES DIRECTLY FROM OUTSIDE THE STATE EXCEED \$50,000 <input type="checkbox"/> YES <input type="checkbox"/> NO IF LESS THAN \$50,000 INDICATE AMOUNT		\$
C. DID GROSS REVENUE FROM YOUR SALES OR PERFORMANCE OF SERVICES EQUAL OR EXCEED \$50,000 TO FIRMS WHICH DIRECTLY MADE SALES TO CUSTOMERS OUTSIDE THE STATE AND/OR TO CUSTOMERS WHICH MADE PURCHASES FROM DIRECTLY OUTSIDE THE STATE <input type="checkbox"/> YES <input type="checkbox"/> NO IF LESS THAN \$50,000 INDICATE AMOUNT		\$
D. IF THE ANSWER TO 10(c) IS NO, DID GROSS REVENUE FROM SALES OR PERFORMANCE OF SERVICES EQUAL OR EXCEED \$50,000 TO PUBLIC UTILITIES, TRANSIT SYSTEMS, NEWSPAPERS, HEALTH CARE INSTITUTIONS, BROADCASTING STATIONS, COMMERCIAL BUILDINGS, EDUCATIONAL INSTITUTIONS AND/OR RETAIL CONCERNS <input type="checkbox"/> YES <input type="checkbox"/> NO IF LESS THAN \$50,000 INDICATE AMOUNT		\$
E. DID GROSS AMOUNT OF YOUR PURCHASES EQUAL OR EXCEED \$50,000 FROM FIRMS WHICH IN TURN, PURCHASED THOSE GOODS DIRECTLY FROM OUTSIDE THE STATE <input type="checkbox"/> YES <input type="checkbox"/> NO IF LESS THAN \$50,000 INDICATE AMOUNT		\$
F. GROSS REVENUE FROM ALL SALES OR PERFORMANCE OF SERVICES (Check largest amount which firm equaled or exceeded): <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 IF LESS THAN \$100,000 INDICATE AMOUNT		\$
11. ARE YOU A MEMBER OF, OR PARTICIPATE IN, AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, give Name and Address of association or group).		
12. DID FIRM PERFORM NATIONAL DEFENSE WORK DURING THE PERIOD INDICATED IN 10 ABOVE? (If Yes, amount of dollar volume and name(s) and address(es) for whom work was performed). <input type="checkbox"/> YES <input type="checkbox"/> NO		\$
13. PROVIDE NAME & TITLE OF YOUR REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION CONCERNING THE OPERATIONS OF YOUR BUSINESS		
NAME	TITLE	TELEPHONE NUMBER
SIGNATURE OR AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE		
NAME AND TITLE (Type or Print)	SIGNATURE	DATE

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.