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KENTUCKY DIRECTORY OF LABOR ORGANIZATIONS

INTERNATIONAL REPRESENTATIVE

Union Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Other: _____

Fax: _____ Email: _____

Job Function: _____

Jurisdiction: _____

_____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Other: _____

Fax: _____ Email: _____

Job Function: _____

Jurisdiction: _____

_____

Contact Person used to Gather Information and Other Comments:

_____

_____

_____

(Please make copies as necessary)

To submit bymail, print the completed form and mail to:

Kentucky Department of Labor
Office of Labor Management Relations and Mediation
Labor Directory Information
1047 U.S. Hwy 127 South
Frankfort, KY 40601