

# Application for Steward Certification NATIONAL RURAL LETTER CARRIERS' ASSOCIATION



Date \_\_\_\_\_ Post Office (MAIN) \_\_\_\_\_  
 Station or Branch \_\_\_\_\_ Finance Number \_\_\_\_\_  
 Postmaster/Station Manager's Name (LFM) \_\_\_\_\_  
 Mailing Address of Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Number of Rural Routes at this Office \_\_\_\_\_ PO Phone \_\_\_\_\_ PO Fax \_\_\_\_\_  
 Name of Rural Carrier Steward (LFM) \_\_\_\_\_  
 Employee ID Number \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Steward Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 e-mail \_\_\_\_\_

This is to certify that the above named rural carrier has been elected as the RURAL CARRIER STEWARD to represent the rural letter carrier craft of employees in labor-management relations at the above named Post Office. It is understood that this representative upon successful completion of the NRLCA Training Course will be certified in accordance with Article IX Section 4.B.3 and 4 of the NRLCA Constitution. This representative will serve until; the next called election, the position becomes vacant, the incumbent Local Steward retires, or when two-thirds of the members submit a petition to conduct a steward election to the District Representative for approval in accordance with Article IX Section 7.B.1 of the NRLCA Constitution.

Signatures of those appearing below confirm the selection of the above named rural carrier as Local Steward for the rural carrier craft. ONLY DUES PAYING MEMBERS IN GOOD STANDING ARE ELIGIBLE TO SIGN BELOW OR BE SELECTED AS STEWARD.

### Signatures of Rural Carriers <sup>1</sup>

Route No. <sup>2</sup>	REGULAR	LEAVE REPLACEMENT
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

<sup>1</sup> If additional space for signatures is needed, attach a separate sheet.  
<sup>2</sup> Indicate Vacant Routes.

**I accept the responsibilities of the position of steward for the rural carrier craft for the above Post Office.**

\_\_\_\_\_  
 Signature of Steward

\_\_\_\_\_  
 Print Name of Steward

District Representative Use Only - Do Not Write In This Space

Date Trained / Certified \_\_\_\_\_

Date PM / Steward Notified \_\_\_\_\_

\_\_\_\_\_  
 Signature of District Representative  
 The affixing of the signature of the District Representative will serve to validate this document