

**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 Labor Cabinet  
Labor-Management Relations and Mediation  
Labor Directory Information  
1047 U.S. Hwy 127 South  
Frankfort, KY 40601