ORGANIZED LABOR / UNION NOMINATION FORM

To assist designated agencies in making appropriate nominations by classification:

A. **NOMINATING AGENCY:** Recognized State and local Labor Federations or Unions

B. These Nominating Agencies may only nominate those representing: **ORGANIZED LABOR or UNIONS**

**RETURN TO:** Denise Blystone (dblystone@lscog.org)
LSWDB Liaison
Lower Savannah Council of Governments
PO Box 850, Aiken, SC 29802-0850
Phone: (803) 508-7074

**NOMINATING AGENCY:**
{State and Local Labor Federations}

Printed Name of Endorsee: ____________________________
Endorsee’s Signature: ________________________________
Date Signed: ____________________________
Phone Number of Endorsee: ____________________________

**Nominee’s Information:**

<table>
<thead>
<tr>
<th>Name, Home Address, Home Phone # &amp; Home E-Mail (if possible)</th>
<th>BUSINESS INFORMATION</th>
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<tr>
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<td>AGENCY NAME &amp; JOB TITLE</td>
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