



Application for Mediation Services

TO THE NATIONAL MEDIATION BOARD, Washington, D. C. 20005: A dispute has arisen between the parties shown below which has not been adjusted between them, and the services of the National Mediation Board under Section 5, First, of the Railway Labor Act, are hereby invoked on specific questions set forth below. The approximate number of employees involved is 420 in the craft(s) or class(es) of

Flight Attendants

THE SPECIFIC ISSUE(S) IN DISPUTE (If necessary extend question on additional sheet or attach exhibit):

New Contract/Changes in rates of pay, rules, and working conditions.

PARTIES TO DISPUTE

Carrier		Organization/Individual	
Carrier Name	Norwegian Air Shuttle/OSM Aviation	Organization Name	Norwegian Cabin Crew Association
L. R. Official/Title	Jan Dahm-Simonsen / Espen Høiby	Organization Official/Title	Valentin Lorien/President
Address	see attached	Address	P.O. Box 21761
City, State and Zip Code	see attached	City, State and Zip Code	Fort Lauderdale, FL 33335
Telephone	+47 932 15 607 / +47 901 01 002	Telephone	754-216-3406
Fax		Fax	
Email	Jan.Dahm.Simonsen@norwegian.com & Espen.Hoiby@osmaviation.com	Email	president@cabinassociation.org

WORKING AGREEMENT

If an agreement governing rates of pay, rules, or working conditions is in effect, give name of parties thereto and date thereof. If there is no such agreement, so state no such agreement.

COMPLIANCE WITH RAILWAY LABOR ACT

- If this dispute involves change in the above-mentioned agreement, attach copy of the 30-day notice served by party desiring change and insert date of notice here _____.
- If this dispute involves the negotiation of a new or supplemental agreement, attach copy of request made by party desiring same and insert date of request here September 28, 2016 (to Norwegian Air Shuttle) and October 18, 2016 (to OSM Aviation).
- If there has been refusal to confer, so state and give reason; otherwise, give date of last conference here _____.

Signed at Fort Lauderdale, FL this 13th of January 2017.
(City and State) (Day) (Month)

	Carrier Official	Organization Official
Name:		Valentin Lorien
Title:		President
Signature:		<i>Valentin Lorien</i>

Filing Instructions: File this application in duplicate.

Additional Sheets: Use and attach additional sheets as needed.