

STATE OF FLORIDA
PUBLIC EMPLOYEES RELATIONS COMMISSION
 4050 Esplanade Way
 Tallahassee, Florida 32399-0950
 (850) 488-8641

CASE NUMBER

RC-

DATE FILED

REPRESENTATION - CERTIFICATION PETITION

INSTRUCTIONS:

Submit an original and one (1) copy of this petition to the Public Employees Relations Commission along with proof of simultaneous service upon the other parties. If more space is required for any item, attach additional sheets numbering items accordingly.

Petitioner requests the Public Employees Relations Commission to process this petition under its proper authority.

1. NAME OF PETITIONER: _____

Address: _____

Zip Code

2. PETITIONER REPRESENTATIVE: _____

Title: _____

Phone No. _____ Facsimile(Fax) No. _____

Address: _____

Zip Code

3. PERC REGISTRATION NUMBER OF PETITIONER: **OR-**_____

Expiration of current registration: _____

4. NAME OF EMPLOYER: _____

Address: _____

Zip Code

5. EMPLOYER REPRESENTATIVE: _____

Title: _____

Phone No. _____ Facsimile(Fax) No. _____

Address: _____

Zip Code

6. DESCRIPTION OF UNIT proposed to be appropriate for the purpose of collective bargaining.
(List individually all job classifications proposed for inclusion.)

INCLUDED:

EXCLUDED:

7. APPROXIMATE NUMBER OF EMPLOYEES in the unit claimed to be appropriate: _____
8. Total number of showing of interest statements signed and dated by employees in the proposed unit are: _____
9. Is this petition accompanied by a showing of interest consisting of signed and dated statements from 30% or more of the employees in the proposed unit indicating that they desire to be represented for purposes of collective bargaining by the petitioning employee organization? _____ YES _____ NO
10. NAME OF CURRENTLY CERTIFIED BARGAINING AGENT for any of the employees in the proposed unit (if none, so state): _____

NAME OF UNION: _____

CERTIFICATION NUMBER: _____

Bargaining Agent (Union Representative): _____

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Phone No. _____ Facsimile(Fax) No. _____

Address: _____

Zip Code

11. Is there an existing collective bargaining contract? _____ YES _____ NO
IF YES, date of expiration _____, _____.

I have read the above petition and all attachments. The statements contained therein are true to the best of my knowledge and belief. A copy of this fully executed form has been mailed or delivered to the other parties listed in items 5 and 10.

12. DATE OF EXECUTION: _____

Signature of Petitioner Representative

**FALSE STATEMENTS MAY RESULT IN FINE AND IMPRISONMENT
PURSUANT TO CHAPTER 837, FLORIDA STATUTES**