Print Form

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF LABOR RELATIONS
WRITTEN MAJORITY AUTHORIZATION
CONFIDENTIAL INSPECTION RESULTS REPORT

DLR Case No.	Date Report Completed:

1. Verification of Written Majority Authorization conducted by: (check one)

☐ Outside Neutral ☐ Divison of Labor Realtions

2. Name of Employer	3. Employer's Representative	4. Telephone Number

5. Address (street and no., city/town, state, and ZIP code)	6. Fax Number

7. Full description of the bargaining unit including job titles
(attached additional sheets if necessary)

Included: _____

Excluded: _____

8. Name of Petitioner	9. Petitioner's Representative	10. Telephone Number

11. Address (street and no., city/town, state, and ZIP code)	12. Fax Number

DECLARATION

I hereby certify the results of the confidential inspection of the evidence of written majority authorization proffered in the above-referenced matter. I also certify that the evidence of Written Majority Authorization was accurately counted and tabulated and that the secrecy and confidentiality was maintained. The results of the counting and tabulation of written majority authorization was:

Total Number of Employee in the above-referenced unit:

Total Number of Written Majority Authorizations Submitted:

Total Number of Challenged Written Majority Authorizations:

Oustide Neutral or Division of Labor Relations Agent:

Name (print or type)	Title (if any)

Address (street and no., city/town, state, and zip code)	Telephone Number

Signature:

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