



Massachusetts Department of Labor Relations  
**Petition For Certification by Written Majority  
Authorization**

Do not write in this space

Case Number

Date Filed

The petitioner hereby requests that the Division proceed under the authority of M.G.L. c.150E, Section 4 or M.G.L. c.150A, Section 5 as amended by Chapter 120 of Acts of 2007.

|  |                               |  |
|--|-------------------------------|--|
| 1. Name of Employer:   | 2. Representative to contact: | 3. Phone Number:   |
| 4. Address (number, street, city/town, state, and ZIP code):   |                               | 5. Fax Number:   |
| 6. Full description of the bargaining unit including job titles: (attach additional sheets if necessary)<br>Included _____<br>Excluded _____ |                               | 7. Number of employees in Unit:<br>8. Does the proposed bargaining unit comply with of the provisions of M.G.L. 150E. §3 and 456 CMR 14.07? Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |                                |                   |
|--|--------------------------------|-------------------|
| 9. Does the petitioner certify that no other employee organization has been and currently is lawfully recognized as the exclusive representative of the employees in the appropriate bargaining unit? Yes <input type="checkbox"/> No <input type="checkbox"/> |                                |                   |
| 10. Has the employee organization received a written majority authorization, as described in 456 CMR 11.09 and 11.10, from a majority of the employees in the proposed appropriate bargaining unit? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                |                   |
| 11. Name of Petitioner:  | 12. Representative to contact: | 13. Phone Number: |
| 14. Address (number, street, city/town, state, and ZIP code):  |                                | 15. Fax Number:   |

16. Email address of petitioner

\*\*\* Questions 16 and 17 relate only to Petitions filed pursuant to M.G.L. c.150E \*\*\*

|   |                          |
|---|--------------------------|
| 16. Has the Petitioner complied with the filing requirements of M.G.L. 150E §§ 13 and 14?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 17. Last Date of Filing: |
|---|--------------------------|

**Declaration: I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.**

|  |            |                  |
|--|------------|------------------|
| Name: (print or type)                                      | Signature: | Title: (if any): |
| Address: (number, street, city/town, state, and ZIP code): |            | Phone Number:    |

**Certificate of Service:**

**I hereby certify that I have served a copy of this Petition on the following representative(s) of the opposing party.**

**Employer**

|   |   |               |
|---|---|---------------|
| Name:   | Address: (number, street, city/town, state, & ZIP code) | Phone Number: |
| Method of Service: <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____ |   |               |

Email address of Employer:

|   |               |
|---|---------------|
| Signature of Person making Certification: | Phone Number: |
|---|---------------|

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