



**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF LABOR RELATIONS  
PETITION FOR CERTIFICATION  
BY WRITTEN MAJORITY AUTHORIZATION**

**DO NOT WRITE IN THIS SPACE**

Case No.

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. Telephone Number
4. Address (street and no., city/town, state, and ZIP code)		5. Fax Number
6. Full description of the bargaining unit including job titles (attached additional sheets if necessary)  Included _____  Excluded _____		7. No. of employees in Unit
		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. Telephone Number
14. Address (street and no., city/town, state, and ZIP code)		15. Fax Number
* * * 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?  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 (street and no., city/town, state, and ZIP code)		Telephone 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 (street and no., city/town, state, and ZIP code)	Telephone Number
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Method of Service  In hand  First Class Mail  Other (specify): \_\_\_\_\_

Signature of Person making Certification	Telephone Number
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