

**STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD
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DO NOT WRITE IN THIS SPACE

Case No.:

Date Received:

**PETITION FOR INVESTIGATION AND CERTIFICATION OF
REPRESENTATIVES PURSUANT TO SECTION 705 OF THE NEW YORK STATE
EMPLOYMENT RELATIONS ACT**

1. Name of Employer	Telephone
2. Address of Employer (including Zip Code)	
3. General nature of business	
4. The types, classifications, or groups of employees which the petitioner claims constitutes the appropriate bargaining unit(s)	
5. Number of employees within such unit(s)	6. Approximate total number of employees
7. Address of which employees in such unit(s) are employed	
8. Names and addresses of any other known individuals or labor organizations who claim or may claim to represent any of the employees in such bargaining unit(s)	
9. Does the petitioner request certification as the collective bargaining representative of the employees within the bargaining unit(s) claimed to be appropriate?	
10. The undersigned hereby alleges that a question or controversy has arisen concerning the representation of the employees in the above bargaining unit(s) in that:	
11. Approximate percentage and volume of sales to, and purchases from, points outside New York State	
12. Any other facts concerning interstate commerce	
13. Has the National Labor Relations Board accepted or declined jurisdiction over the employer? If unknown, state so:	

The undersigned requests that the New York State Public Employment Relations Board investigate such controversy and certify to the parties the name or names of the representatives designated or selected by said employees.

..... declares that they have
(name of person filing the petition)

read the foregoing petition and knows the contents thereof; that the same is true to their knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters they believe to be true. The person filing this petition declares the contents to be true under penalty of perjury under the laws of the State of New York.

Name of employees or representatives filing this petition. (If a labor organization, give the name and official position of person acting for the organization.)

.....

By.....
Signature and Title of Petitioner's Representative)

Contact information of individual who will serve as representative of the petitioner and accept service of all papers for purposes of the representation proceeding:

Name: _____

Title: _____

Affiliation: _____

Address: _____

Telephone No. _____

Fax No. _____

Email address: _____