

**STATE OF NEW YORK
PUBLIC EMPLOYMENT RELATIONS BOARD
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For use by farm laborers or labor organizations pursuant
to the Farm Laborers' Fair Labor Practices Act

This petition may be electronically filed by emailing to sera@perb.ny.gov.
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If more space is required for any item, attach additional sheets, numbering
each item accordingly.

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) and a brief description of any contracts covering employees in such 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? YES NO	
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 a substantial number, or a majority, or employees in the described unit wish to be represented by the petitioner.	
11. Any other relevant facts:	

12. 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 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: _____