



State of Oklahoma
Public Employees Relations Board

Municipal Employee
Collective Bargaining
Certification Petition

PERB FORM 467201M
Rev. May 18, 2005

STATE OF OKLAHOMA
Public Employees Relations Board

DO NOT WRITE HERE
Case Number
Date Filed

PETITION FOR REPRESENTATION CERTIFICATION

Instructions - Submit an original and five (5) COPIES of this Petition to the Public Employees Relations Board. If more space is required for any one item, attach additional sheets, numbering items accordingly.

The Petitioner alleges that the following circumstances exist and requests that the Public Employees Relations Board proceed under its authority pursuant to the Oklahoma Municipal Employee Collective Bargaining Act, 11 O.S. 51-2 04(4)
The Purpose of this Petition is for Certification of Representatives - A substantial number of employees wish to be represented for purpose of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.

2. NAME OF EMPLOYER EMPLOYER REPRESENTATIVE TO CONTACT PHONE NUMBER
(Please indicate whether City Clerk, Deputy City Clerk, or Mayor)

3. ADDRESS(ES) OF DEPARTMENT(S) INVOLVED

Street City Zip

4. Unit involved includes:

5a. Number of Employees in unit: PRESENT

5b. Is this petition supported by 30% or more of the employees in the unit? Yes No

Complete and check EITHER item 6a or 6b, whichever is applicable.

6a. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

Yes No

6b. Request for recognition as Bargaining Representative was made on and Employer declined recognition on or about

7. Currently Recognized or Certified Bargaining Agent (If there is NONE, so state).

NAME AND AFFILIATION

ADDRESS Date of Recognition or

Certification

8. DATE OF EXPIRATION OF CURRENT CONTRACT, IF ANY (show month, day, year)_____

9. Organizations other than petitioner (and other than those named in item 7) which have claimed recognition as representatives and other organizations known to have a representative interest in any employees in the unit described in Item 4 above. If NONE, so state.

NAME AND AFFILIATION_____

ADDRESS_____

I declare that I have read the above petition and that the statements therein are true to the best of my knowledge and belief.

Petitioner and affiliation, if any

Address

City

zip

phone

Signature of representative or person filing petition

**Public Employees Relations Board – PO Box 52955 - Oklahoma City, Oklahoma 73152 – 405.522.723 405.522.6724 (Fax)
Email: perb@dcs.state.ok.us**