State of Rhode Island
Before the State Labor Relations Board

In the Matter of

Employer

-and-

CERTIFICATION
Case No.

Independent Labor Organization/Association

-and-

National Organization

PETITION FOR AFFILIATION/MERGER OF BARGAINING REPRESENTATIVES PURSUANT TO SECTION 8.07 OF THE BOARD'S RULES AND REGULATIONS

(Employees represented by an Independent Labor Organization or Association may seek to merge with a National Organization while a contract is in existence.)

File **a signed original and two (2) copies** of this form with the Board. **THIS FORM MUST BE TYPED.**

1. Name of Employer _____

   _____
   Principal Place of Business (Address)

   _____
   Labor Relations Representative (if known)

2. Certified Bargaining Agent (Incumbent Labor Organization):
   Name: _____
   Address: _____
   Certification Case Number: _____ Date Certified: _____
   If there is an existing collective bargaining agreement, give date of expiration: _____
   Month/Day/Year
   Attach a copy of the most recent certification and/or the current collective bargaining unit.

3. Number of employees in existing unit: _____

4. Did you attach a copy of the notice of the meeting of the bargaining unit employees at which discussion and a vote on the merger/affiliation with the national organization took place?
   ☐ YES ☐ NO If no, why? _____

5. Did you attach an original affidavit, signed by the duly authorized representative of the independent association or organization, which indicates that 51% or more of the total bargaining unit has voted to affiliate/merge? ☐ YES ☐ NO If no, why? _____

6. List other employee organizations known to claim to represent the employees affected by the petition.
   Name(s): _____
   Address(es): _____

The undersigned requests pursuant to Section 8.07 of the Board's Rules and Regulations, that the State Labor Relations Board investigates, and amends the certification to reflect a merger of the Independent Labor Organization/Association with the below-named National Organization.

PETITIONER: _____ Date: _____
Signature

Print Name & Title: _____

Address: _____

_____

Phone _____ Fax _____ Email _____