

**State of California**  
**Agricultural Labor Relations Board**  
**Petition for Certification**

**Instructions:** Submit an original and two (2) copies of this petition to the ALRB regional office in the region in which the employer concerned is located. If more space is required for any one item, attach additional sheets as necessary.

**Do not write in this space**

Case No. \_\_\_\_\_

Date Filed: \_\_\_\_\_

**The Petitioner requests that the Agricultural Labor Relations Board proceed under its authority pursuant to Section 1156.3 of the Agricultural Labor Relations Act of 1975.**

**1. Name, address and phone number of petitioner and its affiliation, if any: Petitioner**

Name

Addr  Phone

City  State  Zip  Fax

Email

**Affiliation**

Name

Addr  Phone

City  State  Zip  Fax

Email

**2. Name, address and phone number of representative of petitioner authorized to make agreements with the Board and the parties and to accept service of papers**

Name

Addr  Phone

City  State  Zip  Fax

Email

**3. Petitioner alleges:**

- a. That the number of agricultural employees currently employed by the employer named below is not less than fifty percent of his peak agricultural employment for the current calendar year;
- b. That no valid election pursuant to Section 1156.3 has been conducted among the agricultural employees of the employer named below within the past 12 months;
- c. That no labor organization is currently certified as the exclusive collective bargaining representative of the agricultural employees of the employer named below; and
- d. That the petition is not barred by an existing collective bargaining agreement between the employer and a certified union.

**4.**

4a. Employer Name:

4b. Employer Phone:

4c. Employer Fax:

4d. Employer Email:

4e. Representative Name:

4f. Representative Phone:

4g. Representative Fax:

4h. Representative Email:

**4i. Employer Mailing Address**

Addr

City  State  Zip

**5. The nature of the employer's agricultural commodity or commodities encompassed by the unit.**

Commodities:

**6. The bargaining unit is all agricultural employees of the employer at the following locations**

Addr  Addr

City  State  Zip  City  State  Zip

Addr  Addr

City  State  Zip  City  State  Zip

7.

a. Does the unit sought include all of the employer's agricultural employees in the State of California?

Yes  No

b. Are the agricultural employees of the employer employed in two or more non-contiguous geographical areas?

Yes  No

c. Does the employer have any packing sheds or cooling facilities?

Yes  No

**8. Labor organization petitioner seeks to have represent the employees of the employer.**

Name

Addr  Phone

City  State  Zip  Fax

Email

**9. The approximate number of agricultural employees currently employed in the unit sought.**

Number of Agricultural Employees:

**10. Is the petition accompanied by evidence of support by a majority of the employees in the unit as is required by Section 1156.3(a) of the Act?**

Yes  No

**11. Recognized or Certified Bargaining Agent (If there is none, please check)**

Name

Addr   None

City  State  Zip

Certification Date

12.

a. Is there now a strike at the employer's operation(s) involved?

Yes  No

b. If so, approximately how many agricultural employees are participating?

Number of Agricultural Employees:

**13. Indicate which languages other than English and Spanish should be used on the ballots.**

Language:  Number of Employees for Only This Language:

Language:  Number of Employees for Only This Language:

Language:  Number of Employees for Only This Language:

## Declaration

I declare under penalty of perjury that I have read this petition and that the statements herein are true to the best of my knowledge and belief.

Petitioner

Affiliation (If any)

**By:**

**Date:**

\_\_\_\_\_  
**Signature of Representative or Person Filing Petition**

Name

Title

Addr

Phone

City

State

Zip

Fax

Email

Executed at (City, State)

Executed Date