



UNITED STATES OF AMERICA  
FEDERAL LABOR RELATIONS AUTHORITY

PETITION

FOR FLRA USE ONLY

Case No.

Date Filed

See instructions on the back of this form. Attach additional sheets if needed, numbered according to the item to which they pertain. By signing the petition form, a labor organization/petitioner certifies it has submitted to the agency or activity and to the Department of Labor a roster of its officers and representatives, a copy of its constitution and by-laws, and a statement of its objectives.

1. Clear and concise statement of the purpose of the petition and the issues raised by the petition.

2. Description of the unit(s):

Included:

Excluded:

3. Approximate number of employees in the unit(s) affected by issues raised in the petition.

Currently \_\_\_\_\_  
Proposed \_\_\_\_\_

4. The petition is supported by:

\_\_\_ a showing of interest of not less than 30%  
\_\_\_ evidence of membership of not less than 10%  
of the employees in the unit(s) involved in the petition.

5. PETITIONER:

NAME

AFFILIATION /  
DEPARTMENT

ADDRESS (Street and Number,  
City, State, and ZIP Code)

PHONE NO.

A. Petitioner

B. Petitioner Contact

6. AGENCY(IES), OTHER THAN PETITIONER, AFFECTED BY THE PETITION:

NAME

DEPARTMENT

ADDRESS (Street and Number,  
City, State, and ZIP Code)

PHONE NO.

A. Activity/Agency

B. Activity/Agency Contact

7. LABOR ORGANIZATION(S), OTHER THAN PETITIONER, AFFECTED BY THE PETITION:

NAME

AFFILIATION

ADDRESS (Street and Number,  
City, State, and ZIP Code)

PHONE NO.

A. Labor Organization

B. Labor Organization Contact

8A. Date(s) of Recognition/Certification (Month, Day and Year) of any unit(s) affected by issues raised in the petition.

8B. Expiration of Current Agreement(s) (Month, Day and Year) covering any unit(s) affected by issues raised in the petition.

9. Name, title, address, and telephone number of person filing petition.

10. I DECLARE THAT I HAVE READ THIS PETITION AND THAT THE STATEMENTS IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MAKING WILLFULLY FALSE STATEMENTS CAN BE PUNISHED BY FINE AND IMPRISONMENT, 18 U.S.C. 1001. THIS PETITION WAS SERVED ON ALL PARTIES KNOWN TO BE AFFECTED BY ISSUES RAISED IN THIS PETITION.

\_\_\_\_\_ Type or Print Your Name

\_\_\_\_\_ Your Signature

\_\_\_\_\_ Date

