



**STATE OF MARYLAND
STATE LABOR RELATIONS BOARD
CERTIFICATION PETITION**

45 Calvert Street, Room 102
Annapolis, MD 21401
Telephone: (410) 260-7291
Fax: (410) 267-7014

**Complete Sections 1 through 6. Please type or clearly print.
See instructions on back.**

DO NOT WRITE IN THIS SPACE

CASE NO.

DATE FILED:

1. STATE EMPLOYER

Full Name		County
Address of Employer (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact: Telephone No.
Attorney/Consultant Representing State Employer (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.

2. PETITIONER

Full Name:		
Address of Petitioner (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact: Telephone No.
Attorney/Consultant Representing Petitioner (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.

3. CURRENT MAJORITY ORGANIZATION

Full Name:		Expiration Date of any existing contract
Address of Majority Organization (Street and Number, City, State and Zip Code):		Name and Title of Representative to Contact: Telephone No.
Attorney/Consultant Representing Majority Organization (if any):	Attorney/Consultant Address (Street and Number, City, State and Zip Code):	Telephone No.

4. EMPLOYEE ORGANIZATION(S) OTHER THAN THE CURRENT MAJORITY ORGANIZATION WHICH MAY HAVE AN INTEREST IN THIS PETITION <i>(Attach additional sheets if necessary)</i>	
Organization Name:	Organization Address (Street and Number, City, State and Zip Code):
Person to Contact and Title:	Telephone No.

5. PETITION FOR CERTIFICATION <i>(Check appropriate box(es). See instructions on back)</i>	
Description of the unit to be certified:	Number of employees in unit: _____
Included:	
Excluded:	

6. DECLARATION	
Name of Petitioner: _____	
I declare that I have read the above petition and that, understanding the penalties of perjury, the information is true, based upon knowledge, information, and belief.	
By _____	Date: _____
(Signature of Authorized Representative)	(Title)

INSTRUCTIONS FOR FILING A CERTIFICATION PETITION

WHO MAY FILE

A certification petition may be filed by an employee organization acting on behalf of employees covered under State Personnel & Pensions Article, § 3-102.

WHAT TO FILE

Certification Petition

If you desire to represent a group of employees in a unit you believe to be appropriate, file a petition for certification to become the majority representative of the bargaining unit you describe in the petition.

Submit an original showing of interest (no photocopies) signed by at least thirty percent (30%) of the employees in the negotiations unit you seek to represent. An acceptable showing of interest is:

An original document, cards or petition(s) authorizing the petitioner to represent these employees for collective bargaining. (Normally, a showing of interest must be signed and dated within one (1) year of the filing of the petition).

See COMAR 14.32.03.03

WHEN TO FILE

A timely representation petition may only be filed during certain periods. See COMAR 14.32.04.05 and 14.32.03.01C. A petition is filed only when the Executive Director receives a validly completed, signed petition accompanied by a valid showing of interest in accordance with COMAR 14.32.03, et seq..

HOW TO FILE

1. Type or clearly print all requested information.
2. If you need more space to complete any item, attach additional sheets and number them accordingly.
3. Fill in all sections of the petition. If you believe that a section of the petition does not apply to your situation, mark the section "N/A" or "none". Failure to provide all information required by COMAR 14.32.03, et seq. and this petition may delay processing of the petition.
4. Sign the petition. Submit the original and two (2) copies of the petition and the appropriate showing of interest to:

**Maryland State Labor Relations Boards
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