The Petitioner alleges that the following circumstances exist and requests that the New York State Public Employment Relations Board proceed under its proper authority.

1. Purpose of this petition. (Check only the lines which are appropriate.)

A. __ Certification of Negotiating Representative (Employee Organization) - A substantial number of employees wish to be represented for purposes of collective negotiations by petitioner and petitioner desires to be certified as representative of the employees for purposes of collective negotiations pursuant to Section 207 of the Act.

B. __ Representation (Employer) - One or more employee organizations have presented a claim to petitioner to be recognized as the negotiating representative of employees of Petitioner.

C. __ Decertification - Petitioner asserts that the currently recognized or certified negotiating representative should be deprived of representation status in whole or part. If Petitioner is an Employer, Petitioner asserts that the currently recognized or certified negotiating representative is defunct.

2. Name, address and telephone and fax numbers of Petitioner:
   
   Telephone Number: ___________________________
   
   Fax Number: ________________________________

3. Name, address and telephone and fax numbers of the representative, if any, to whom correspondence is to be directed:

   Telephone Number: ___________________________
   
   Fax Number: ________________________________

4. Name, address and telephone and fax numbers of Employer:

   Telephone Number: ___________________________
   
   Fax Number: ________________________________

5. Description of negotiating unit claimed to be appropriate (Be complete and specific using job titles; attach a separate sheet if more space is needed):

   Included:

   Excluded:

6. a. Number of employees in unit: _____

   b. Is this petition supported by a showing of interest, enclosed herewith, of 30% or more of the employees in the unit? ______ YES ______ NO

   c. Is the declaration of authenticity enclosed? ______ YES ______ NO
7. Request for recognition as negotiating representative was made: ________________________ (Month, Day, Year)
   _____ Has not replied (Explain on rider, if necessary)
   _____ Declined recognition on ______________________ (Month, Day, Year)

8. Recognized or certified negotiating agent (if there is none, so state):
   Name: __________________________ Telephone Number: _______________________
   Affiliation: __________________________ Fax Number: _______________________
   Address: __________________________
   Date of recognition or certification: __________________________ (Month, Day, Year)

9. a. Employee organizations other than petitioner (and other than any named in Item 8 above) which claim to represent or
   are known to have an interest in representing any employees in the unit described in Item 5 above (if none, so state):
   Name/Address __________________________
   Affiliation __________________________

   b. Attach a separate sheet setting forth the name(s) and address(es) of the bargaining agent(s) for all other bargaining
   units of the employer. Include a brief description of each unit.

10. If the above-named employer is a party to a contract dealing with terms and conditions of employment for any of the titles
   listed in Item 5 above (if there is none, so state):
   (a) Name of the other party to the contract: ________________________________________________________
   (b) Date of expiration of the contract: __________________________ (Month, Day, Year)
   (c) The negotiating unit specified in the contract: ___________________________________________________
   (d) Is a copy of the contract attached? ____ YES _____ NO

11. The employer's fiscal year commenced on: __________________________ (Month, Day, Year)

12. Is this matter subject to Section 206.1 or 212 of the Act? ____ YES _____ NO

13. If you have checked Box 1.A above:
   Do you affirm that you and the employee organization you represent or support do not assert the right to strike against
   any government, to assist or participate in any such strike, or to impose an obligation to conduct, assist, or participate in
   such a strike? ____ YES _____ NO

14. If you have checked Box 1.C above:
   (a) State the grounds upon which the certification should be revoked or the recognition annulled:
   (b) Has the employee organization currently certified or recognized by the public employer engaged in a strike or caused,
   instigated, encouraged or condoned a strike against any government? ____ YES _____ NO

15. Include a clear and concise statement of any other relevant facts:

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

(Signature of representative or person filing Petition) __________________________

(Title, if any) __________________________

Dated: __________________________