

Name: __

Address:

Facsimile: ____

Business Telephone:

STATE OF RHODE ISLAND RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.				
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INCUMBENT EMPLOYEE ORGANIZATION -AND- NATIONAL ORGANIZATION PILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED 1. Name of Employer: Address: Representative: Telephone Number: Email: Certified Bargaining Agent (Incumbent Employee Organization): Name: Address: Representative: Telephone Number: Email: Certification Case Number: Date Certified: Current Certification of Representatives: Attached Expiration Date of most recent Collective Bargaining Agreement: Month/Day/Year 3. Certified Bargaining Agent (National Organization): Name: Address: Representative: Telephone Number: Email: Current Ore of most recent Collective Bargaining Agreement: Email: Address: Representative: Telephone Number: Email: Address: Representative: Telephone Number: Email: 4. Number of employees in existing unit: Final in the National Organization took place attached? YES NO If no, why? B. Is a certified copy of the minutes of the meeting at which the vote to affiliate/merge took place attached? YES NO If no, why?	IN THE MATTER OF				
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(Rev. 1/25)

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