



**STATE OF RHODE ISLAND  
RI STATE LABOR RELATIONS BOARD**

|                                   |
|-----------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> |
| Case No. _____                    |
| EE- _____                         |

|  |
|--|
| <b>IN THE MATTER OF</b>                    |
| _____                                      |
| <b>EMPLOYER</b>                            |
| <b>-AND-</b>                               |
| _____                                      |
| <b>INCUMBENT<br/>EMPLOYEE ORGANIZATION</b> |
| <b>-AND-</b>                               |
| _____                                      |
| <b>NATIONAL ORGANIZATION</b>               |

**AMENDED**

**PETITION FOR AFFILIATION/MERGER OF  
BARGAINING REPRESENTATIVES  
PURSUANT TO SECTION 1.18 OF THE  
RI STATE LABOR RELATIONS BOARD'S  
RULES AND REGULATIONS**

**FILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED**

1. Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Representative: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. 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: \_\_\_\_\_

4. Number of employees in existing unit: \_\_\_\_\_

5. A. Is a copy of the notice for the meeting of the bargaining unit employees at which a discussion and vote on the affiliation/merger with 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?

6. Is the original Affidavit, signed by the duly authorized representative of the independent association/ organization, which indicates that fifty-one percent (51%) or more of the total bargaining unit has voted to affiliate/merge, attached?  
 YES NO If no, why?

7. List other employee organizations known to claim to represent the employees affected by the Petition.  
 Name(s): \_\_\_\_\_  
 Address(es): \_\_\_\_\_

**The undersigned requests, pursuant to §1.9 of the RI State Labor Relations Board's Rules and Regulations, that the Rhode Island State Labor Relations Board investigates and amends the Certification to reflect a merger of the Independent Employee Association/Organization with the below-named National Organization.**

**PETITIONER'S SIGNATURE:** \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_

**DATE:** \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Cellular No.: \_\_\_\_\_  
 Email: \_\_\_\_\_