

ALASKA LABOR RELATIONS AGENCY  
3301 EAGLE STREET, SUITE 206  
ANCHORAGE, ALASKA 99503  
(907) 269-4895 Fax (907) 269-4898

**PETITION FOR RECOGNITION  
BY MUTUAL CONSENT  
8 AAC 97.110**

Office use only		
Case No.	-RC	Date Filed

**INSTRUCTIONS:** File an original and one copy of this form.

1a. Name of Public Employer

1b. Telephone Number

Facsimile Number

E-mail

1c. Address (street, city, state, and ZIP code)

1d. Employer Representative

1e. Title

2a. Full name of labor or employee organization including local name and number and full name of national or international labor organization of which it is an affiliate or constituent unit.

2b. Address (street, city, state, and ZIP code)

2c. Telephone Number

Facsimile Number

E-mail

2d. Employee Organization Representative

2e. Title

3. Description of proposed unit:

a. Number of members in proposed unit:

b. Positions included:

c. Positions excluded:

d. Date of Employer Recognition:

4. Submit documentation of majority support for authorization of labor or employee organization to serve as exclusive bargaining representative (such as interest cards for 50 percent plus 1 members of the proposed unit), certification of results of a collective bargaining agreement ratification election, or other means (describe):

As permitted under 8 AAC 97.110, the public employer and labor or employee organization consent to certification of the labor or employee organization as the exclusive bargaining representative for the proposed unit.

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

By \_\_\_\_\_  
(Signature of labor or employee representative) (Title or office, if any)

SUBSCRIBED AND SWORN TO before me at \_\_\_\_\_, Alaska, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public in and for Alaska  
My Commission Expires: \_\_\_\_\_

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

By \_\_\_\_\_  
(Signature of public employer) (Title or office, if any)

SUBSCRIBED AND SWORN TO before me at \_\_\_\_\_, Alaska, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public in and for Alaska  
My Commission Expires: \_\_\_\_\_