STATE OF CALIFORNIA
PUBLIC EMPLOYMENT RELATIONS BOARD

Transportation Network Company Drivers Labor Relations Act

PETITION FOR ELECTION

DO NOT WRITE IN THIS SPACE: Case No.: Date Filed:

INSTRUCTIONS: Use this form to request that the Public Employment Relations Board (PERB) conduct a representation election pursuant to Bus. & Prof. Code § 7470.8(d). This petition may only be filed by a transportation network company (TNC) driver organization that has received a PERB determination within the past year, pursuant to Bus. & Prof. Code § 7470.8(a)(1), that the petitioner has been authorized to act as bargaining representative by at least 10 percent of active TNC drivers. Proper filing includes concurrent service and proof of service of the petition on all covered TNCs as defined by Bus. & Prof. Code § 7470.2(e), any multicompany committee as defined by Bus. & Prof. Code § 7470.2(f), and any interested party. (See PERB Reg. 32140(c).) The completed form and proof of service must be filed via the ePERB Portal found at www.perb.ca.gov. (PERB Reg. 32110(a).) Proof of support is not required for this petition.

1. Petitioner (TNC Driver Organization)

Name of Organization:

Address:

E-mail

Telephone:

Authorized agent to be contacted:

Title:

Address, if different:

E-Mail:

Telephone:

2. Information Regarding PERB's 10 Percent Determination

The petitioner hereby states that PERB has issued a determination within the last year that the petitioning TNC driver organization has been authorized to act as the bargaining representative by at least 10 percent of active TNC drivers.

PERB Case Number for the Request for 10 Percent Determination: _____

Date of PERB's determination under Bus. & Prof. Code § 7470.8(a)(1)(A): _____

3. Other Known Driver Organizations (if any). To the best of Petitioner's knowledge, are there any other TNC driver organizations that claim or are seeking to represent the proposed statewide bargaining unit?

- ○ No
- ○ Yes (if yes, identify below):

Name of Organization: _____

Contact Information (if known): _____

_____

DECLARATION

I declare that I am authorized to file this request and that the statements herein are true and correct to the best of my knowledge.

NAME OF AUTHORIZED REPRESENTATIVE: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____

Date: _____