



STATE OF CALIFORNIA  
PUBLIC EMPLOYMENT RELATIONS BOARD  
**CHILDCARE PROVIDER ACT**  
PETITION FOR CERTIFICATION

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

**INSTRUCTIONS:** Submit a petition through the e-PERB Portal with proof of service attached. Proper filing also includes concurrent service and proof of service of the petition on California Department of Human Resources as required by PERB Regulation 32140. Proof of support of at least 10 percent of the family childcare providers must be filed with PERB. If more space is needed for any item, attach additional sheets.

1. Representative for the State of California

California Department of Human Resources  
1515 S Street, North Building, Suite 400  
Sacramento, CA 95814-7243  
(916) 324-0455

**Agent to be contacted, if known:**

Name:

Title:

Address and telephone, if different:

E-mail address:

2. PROOF OF SUPPORT (check all that apply):  
(Welf. & Inst. Code, § 10424(c).)

Proof of Dues Payments

Dues Deduction Authorization Forms

Membership Applications

Authorization Cards Signed By

Providers Petition Signed by Providers

Please check the box if Petitioner is relying on proof of support using electronic signatures:

3. APPROXIMATE NUMBER OF FAMILY CHILDCARE PROVIDERS IN THE PROPOSED UNIT:

4. PETITIONER: (Name, address and telephone number of provider organization)

Petitioner's agent to be contacted:

Name:

Title:

Address and telephone, if different:

E-mail address:

5. STATUS AS A QUALIFIED PROVIDER ORGANIZATION

Date PERB Granted Petitioner status as a provider organization:  
(Welf. & Inst. Code, §§ 10421(d), 10422(a).)

6. Declaration

I declare that the statements herein are true and complete to the best of my knowledge and belief, and that this petition is accompanied by proof of support of at least 10 percent of the family childcare providers in the proposed unit.

PETITIONER'S AUTHORIZED REPRESENTATIVE:

(Signature)

Title:

Date:

Sacramento Regional Office  
1031 18<sup>th</sup> Street  
Sacramento, CA 95811-4124  
(916) 322-3198

<https://eperb-portal.ecourt.com/public-portal/>

## PROOF OF SERVICE

I declare that I am a resident of or employed in the County of \_\_\_\_\_,  
State of \_\_\_\_\_. I am over the age of 18 years. The name and address of my  
Residence or business is \_\_\_\_\_

On \_\_\_\_\_, I served the \_\_\_\_\_  
(Date) (Description of document(s))

\_\_\_\_\_ in Case No. \_\_\_\_\_  
(Description of document(s) continued) PERB Case No., if known)

on the parties listed below by (check the applicable method(s)):

placing a true copy thereof enclosed in a sealed envelope for collection and  
delivery by the United States Postal Service or private delivery service following  
ordinary business practices with postage or other costs prepaid;

personal delivery;

electronic service - I served a copy of the above-listed document(s) by  
transmitting via electronic mail (e-mail) or via e-PERB to the electronic service  
address(es) listed below on the date indicated. *(May be used only if the party  
being served has filed and served a notice consenting to electronic service or has  
electronically filed a document with the Board. See PERB Regulation 32140(b).)*

*(Include here the name, address and/or e-mail address of the Respondent and/or any other parties served.)*

I declare under penalty of perjury under the laws of the State of California that the  
foregoing is true and correct and that this declaration was executed on \_\_\_\_\_,  
(Date)  
at \_\_\_\_\_  
(City) (State)

(Type or print name)

(Signature)