



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 an original petition to the PERB Sacramento Regional Office 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:

Ext.

E-mail address:

2. PROOF OF SUPPORT (check all that apply):
(Cal. Educ. Code, § 8434(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

Ext.

Ext.

E-mail address:

5. STATUS AS QUALIFIED PROVIDER ORGANIZATION

Date PERB granted Petitioner status as a provider organization:
(Cal. Educ. Code, §§ 8431(d) and 8432(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 18th Street, Sacramento, CA 95811-4124, (916) 322-3198

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))*

(Description of document(s) continued)

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;
- facsimile transmission in accordance with the requirements of PERB Regulations 32090 and 32135(d).
- electronic service (e-mail) - I served a copy of the above-listed document(s) by transmitting via electronic mail (e-mail) 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, e-mail address and/or fax number 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 _____, at _____

(City)

(State)

(Type or print name)

(Signature)