ALASKA LABOR RELATIONS AGENCY
3301 EAGLE STREET, SUITE 206
ANCHORAGE, ALASKA 99503
(907) 269-4895 Fax (907) 269-4898
labor.relations@alaska.gov

Office use only	
Case No. -RC	Date Filed

PETITION FOR RECOGNITION BY MUTUAL CONSENT 8 AAC 97.110

INSTRUCTIONS: **File an original 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:

(No. 3 continued on Page 2)

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 _____ _____

(Title or office, if any)