

# **Agricultural Employment Relations Board**

1688 West Adams Street  
Phoenix, Arizona 85007  
(602) 542-1164

## **PETITION FOR DECERTIFICATION ELECTION**

**Instructions: Please complete the form in full. Failure to provide required information may result in the petition not being processed.<sup>1</sup>**

This document is available in Spanish upon request. Este documento esta disponible en Espanol

**You must file this form with the Agricultural Employment Relations Board, 1688 W. Adams, Phoenix, Arizona, 85007. You may file the petition in person between 8:00 am and 5:00 pm, Monday-Friday, except Arizona legal holidays. You may also file the petition by mail to the same address. The petition is considered filed when it is received by the Board.**

1. **Name of individual or organization submitting petition** \_\_\_\_\_

**Address of individual or organization submitting petition** \_\_\_\_\_

**\*Phone number of individual or organization submitting petition** \_\_\_\_\_

**\*Fax number of individual or organization submitting petition** \_\_\_\_\_

**\*E-mail address of individual or organization submitting petition** \_\_\_\_\_

2. **\*Name of agricultural employer** \_\_\_\_\_

**\*Address of agricultural employer** \_\_\_\_\_

**\*Phone number of agricultural employer** \_\_\_\_\_

**\*Fax number of agricultural employer** \_\_\_\_\_

3. **Please read the following statement. Do not sign and submit this petition if is not true.**

**"THE AGRICULTURAL EMPLOYER HAS RECOGNIZED A COLLECTIVE BARGAINING REPRESENTATIVE OR A REPRESENTATIVE HAS BEEN CERTIFIED UNDER THE ARIZONA AGRICULTURAL EMPLOYMENT RELATIONS ACT. ON BEHALF OF THE EMPLOYEES CURRENTLY REPRESENTED BY THE CERTIFIED OR RECOGNIZED REPRESENTATIVE, I/WE DESIRE TO RESCIND THE CERTIFICATION OR RECOGNITION OF THE REPRESENTATIVE."**

4. **Identify and describe the bargaining unit you believe is appropriately covered in this petition. Attach additional sheets if necessary.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Information designated with an asterisk (\*) is not required by A.A.C. § R4-2-201(B) in order for the Board to process the petition. It is requested only to aid the Board in processing the petition. Failure to provide this information will not affect the processing of the petition.

For Board use only: Date Received: \_\_\_\_\_  
Case Number: \_\_\_\_\_

5. *Approximate Number of Employees in the Collective Bargaining Unit* \_\_\_\_\_

6. *Name of individual or organization whose certification or recognition the petition seeks to rescind*  
\_\_\_\_\_  
*Address of individual or organization whose certification or recognition the petition seeks to rescind*  
\_\_\_\_\_  
\_\_\_\_\_

*\*Phone number of individual or organization whose certification the petition seeks to rescind*  
\_\_\_\_\_

*\*Fax number of individual or organization whose certification the petition seeks to rescind*  
\_\_\_\_\_

*Name of national or international labor organization with which individual or organization whose certification petition seeks to rescind is affiliated* \_\_\_\_\_

7. *Does the employer currently have a collective bargaining contract with any labor organization or other collective bargaining representative covering the employees in this petition?* \_\_\_\_\_  
*If yes, when does the contract expire?* \_\_\_\_\_

8. *Is there currently a strike or picketing of the employer?* \_\_\_\_\_  
*If yes, approximately how many employees are involved in the strike/picketing?* \_\_\_\_\_  
*If yes, on what date did the strike/picketing begin?* \_\_\_\_\_

9. *Please read the following statement. Do not sign and submit the petition if it is not true. You must submit authorizations demonstrating a showing of interest with this petition.*

***"THIS PETITION FOR DECERTIFICATION ELECTION IS SUPPORTED BY 30% OR MORE OF THE AGRICULTURAL EMPLOYEES IN THE PROPOSED BARGAINING UNIT."***

10. *\*Please provide any other relevant information to assist the Board in evaluating this petition for election. Add additional sheets if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.***

\_\_\_\_\_  
*Name of Party*

\_\_\_\_\_  
*Job Title*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*