STATE OF CALIFORNIA

Department of Industrial Relations Division of Workers' Compensation Administrative Director Post Office Box 420603 San Francisco, CA 94142-0603 Telephone: (510) 286-7100

Petition for Permission to Negotiate a Section 3201.7 Labor-Management Agreement

Labor Code § 3201.7; Title 8, California Code of Regulations § 10202

Please submit the following information to the Administrative Director of the Division of Workers' Compensation to obtain a letter advising the below-named union and employer, or group of employers, of their eligibility to enter into negotiations for the purpose of reaching agreement on a labor-management agreement authorized by Section 3201.7 of the California Labor Code.

(Print or Type Name and Addresses)

1. Union Information
Name of Union:
Contact Person and Title:
Principal Address:
2. Employer Information (For group of employers, please use separate pages to list all individual employers.)
Name of Employer:
Contact Person and Title:
Federal Employers Identification Number (FEIN):
Principal Business of Employer:
Principal Address:
3. Please describe the bargaining unit or units to be covered by the Section 3201.7 labor-management agreement, and provide the approximate number of employees in the unit(s).

4. Please attach proof of the union's status as the exclusive bargaining representative of the

5. Please attach a copy of the current collective bargaining agreement or agreements in effect

between the union and the employer.

employees in the above-described bargaining unit(s).

I declare under penalty	of perjury	under the	laws of	the State	of California	that the	foregoing	; is
true and correct.								

	EXECUTED AT(City),	CALIFORNIA ON	(Date)
BY:		, TITLE:	
_	(Original Signature of Union Representative)		

You must attach a proof of service by mail declaration indicating that the petition and all supporting evidence was mailed to the employer, or for a group of employers, all individual employers.