

## STATE OF CALIFORNIA PUBLIC EMPLOYMENT RELATIONS BOARD

## CHILDCARE PROVIDER ACT

## PETITION FOR CERTIFICATION

DO NOT WRITE IN THIS SPACE:	Case No.:		Da	ate Filed:	
INSTRUCTIONS: Submit an original	petition to the PERB Sacra	mento Regional Office w	with proof of service attache	ed. Proper filing also includes	
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	egional Office with proof of service attached. Proper filing also includes timent of Human Resources as required by PERB Regulation 32140. Proof of ed with PERB. If more space is needed for any item, attach additional sheets.			
Representative for the State of California	2. PROOF OF SUPPORT (check all that apply): (Cal. Educ. Code, § 8434(c).)			
California Department of Human Resources 1515 S Street, North Building, Suite 400 Sacramento, CA 95814-7243	Proof of Dues Payments			
(916) 324-0455	Dues Deduction Authorization Forms			
Agent to be contacted, if known:	Mark British			
Name:	Membership Applications			
Title:	Authorization Cards Signed By Providers			
Address and telephone, if different:				
	Petition Signed By Providers			
Ext.				
	Please check the box if Petitioner is relying on proof of support using electronic signatures:			
E-mail address:	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:			
Ext.	Address and telephone, if different			
	Ev4			
	Ext.			
	E-mail address:			
5. STATUS AS QUALIFIED PROVIDER ORGANIZATION				
3. STATUS AS QUALIFIED I KOVIDER 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)			
I	(Digitator)			

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

Date:

Title: