



REPRESENTATION PETITION

Is this an amended petition? ☐ Yes ☒ No If yes, provide the case number: _____

PARTIES Include information for all parties involved.

EMPLOYER City of Tacoma
Contact Dylan Carlson
Title Labor Relations Division Manager
Address 747 Market St., TMB - 1520
City, State, ZIP Tacoma, WA 98402
Phone 253-306-0765 **Ext.** _____
Email dcarlson2@cityoftacoma.org

PETITIONER IBEW Local 483
Contact Byron Allen
Title Business Manager
Address 3525 S. Alder St.
City, State, ZIP Tacoma, WA 98409
Phone 253-565-3232 **Ext.** _____
Email byron@ibew483.org

CURRENT BARGAINING REPRESENTATIVE
(If One Exists)

Contact _____
Title _____
Address _____
City, State, Zip _____
Phone _____ **Ext.** _____
Email _____

TYPE OF REQUEST Select ONE of the following.

- ☐ **NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ☒ **ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- ☐ **CHANGE REPRESENTATIVE** of existing bargaining unit.
- ☐ **REMOVE REPRESENTATIVE** of existing bargaining unit.

BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

SECTION 1—Describe the Existing Bargaining Unit:

The Supervisors' Bargaining Unit is compiled of different types of Supervisors throughout the City of Tacoma.

Number of Employees in Existing Unit 21

SECTION 2—Describe the Proposed Bargaining Unit:

They are Office Administrators that supervise clerical employees throughout the City of Tacoma.


Number of Employees in Proposed Unit 19

If a CBA exists, what is the expiration date? 12/31/25

SHOWING OF INTEREST

A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

PETITIONER REPRESENTATIVE

Name Byron Allen
Address 3525 S. Alder St.
Phone 253-565-3232 **Ext.** _____
Signature 

Title Business Manager
City, State, ZIP Tacoma, WA 98409
Email byron@ibew483.org
Date 04/28/25

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

IBEW Local 483

Petitioner/Complainant/Filing Party

v.

City of Tacoma

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this (*title of document*) Representation Petition
on all parties or their counsel of record on (*date*) 04/28/25

To:	Name				
	Organization	PERC	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	PO Box 40919	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Olympia, WA 98504	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	filing@perc.wa.gov			
	Fax				

To:	Name	Dylan Carlson			
	Organization	City of Tacoma	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	747 Market St., TMB - 1520	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Tacoma, WA 98402	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	dcarlson2@cityoftacoma.org			
	Fax				

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	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email				
	Fax				

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 04/28/25

Print Name Bianne Cornelison

Signature Bianne Cornelison



From: [Rianne Cornelison](#)
To: dcarlson2@cityoftacoma.org
Cc: [PERC, Filing \(PERC\)](#); [Byron Allen](#); [Rose Mitchell](#)
Subject: Representation Petition - City of Tacoma, Office Administrators
Date: Monday, April 28, 2025 1:32:03 PM
Attachments: 2025-04-28 Representation Petition Signed.pdf
2022-2025 Supervisors" Bargaining Unit Entire Current Agreement.pdf
2025-04-28 Certificate of Service - Signed.pdf

External Email

Dear Mr. Carlson,

On behalf of Byron Allen, please find attached the Representation Petition. Please let us know if you have any questions.

Sincerely,

Rianne Cornelison, Office Manager
IBEW Local 483
3525 South Alder Street
Tacoma, WA 98409

253-565-3232 Phone
253-565-3436 Fax



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PETITIONER REPRESENTATIVE

Name Byron Allen
Address 3525 S. Alder St.
Phone 253-565-3232 **Ext.** _____
Signature 

Title Business Manager
City, State, ZIP Tacoma, WA 98409
Email byron@ibew483.org
Date 04/28/25

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	Email	filing@perc.wa.gov		
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	Organization	City of Tacoma		
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Print Name Bianne Cornelison

Signature Bianne Cornelison



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External Email

Hello,

Please find attached the required documentation for our Representation Position. Please let us know if you have any questions.

Sincerely,

*Rianne Cornelison, Office Manager
IBEW Local 483
3525 South Alder Street
Tacoma, WA 98409*

*253-565-3232 Phone
253-565-3436 Fax*