



**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

112 Henry Street NE, Suite 300, Olympia WA 98506  
 PO Box 40919, Olympia WA 98504-0919  
 Phone: 360.570.7300 | Fax: 360.570.7334  
 Email: filing@perc.wa.gov | Web: www.perc.wa.gov

**REPRESENTATION PETITION**

Amended Petition in Case # \_\_\_\_\_

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

**PARTIES** Include information for all parties involved.

**EMPLOYER** Klickitat Co EMS District #1  
 Contact Chairperson Chuck Vlrts  
 Address PO Box 1674  
 City, State, ZIP Goldendale, WA 98620  
 Telephone 509-773-1026 Ext. \_\_\_\_\_  
 Email \_\_\_\_\_

**PETITIONER** IAFF Local 5072  
 Contact Ricky J. Walsh  
 Address PO Box 5604  
 City, State, ZIP West Richland, WA 99353  
 Telephone 509-999-3090 Ext. \_\_\_\_\_  
 Email rwalsh@iaff.org

**CURRENT BARGAINING REPRESENTATIVE**  
 (If one exists) N/A  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Email \_\_\_\_\_

**TYPE OF REQUEST** Select One: The petitioner requests:

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- DECERTIFICATION** to no longer be represented by the current organization.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

**BARGAINING UNIT**

**Description of Bargaining Unit:** Indicate inclusions / exclusions  
 All full time and regular part-time advanced emergency medical technicians and paramedics as defined by RCW 18.71.200 and all full time EMT's as defined by 41.26.030 (16)(h) employed by Klickitat County EMS District #1 excluding the operations manager and all other employees.

**Department or Division** EMS  
**Number of Employees in Unit** 22  
**Collective Bargaining Agreement**  
 If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.  
**Contract Expiration Date:** \_\_\_\_\_

**OTHER RELEVANT FACTS**

Additional information relating to the proposed bargaining unit is attached.

**SHOWING OF INTEREST**

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit.  
**The showing of interest cards are confidential and are ONLY filed with PERC.**

**AUTHORIZED SIGNATURE FOR PETITIONER**

**Print Name** Ricky J. Walsh Telephone 509-999-3090 Ext. \_\_\_\_\_  
**Title** IAFF 7th District VP Email rwalsh@iaff.org  
**Address** PO Box 5604  
**City, State, ZIP** West Richland, WA 99353 Signature [Handwritten Signature] Date 03/31/18

**From:** [Walsh Ricky](#)  
**To:** [PERC Filing \(PERC\)](#)  
**Subject:** Representation Petition  
**Date:** Saturday, March 31, 2018 11:27:47 AM  
**Attachments:** PERC Petition.pdf  
Interest Cards Local 5172.pdf

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Dario,

Attached is the petition for representation and the accompanying "show of interest" cards. The notification has been sent via snail mail to the employer operations manager and commission chairperson. Thank you,

Ricky J. Walsh  
IAFF 7<sup>th</sup> District VP  
509-999-3090