



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER City of Ferndale
 Contact Jori Burnett
 Title City Administrator
 Address P.O. Box 936 / 2095 Main St
 City, State, ZIP Ferndale, WA 98248
 Telephone 360-384-4302 Ext. _____
 Email joriburnett@cityofferndale.org

PETITIONER FOP Lodge #24
 Contact Leo F. Painton
 Title FOP Labor Specialist
 Address 1542 N 4th Court
 City, State, ZIP Washougal, WA 98671
 Telephone 503-720-3621 Ext. _____
 Email lpainton@fop.net

CURRENT BARGAINING REPRESENTATIVE
 If one exists IAMAW District Lodge 160
 Contact Glen Farmer
 Title Business Representative / Organizer
 Address PO Box 2569
 City, State, ZIP Ferndale, WA 98248
 Telephone 360-481-2209 Ext. _____
 Email glenn@iam160.com

TYPE OF REQUEST Select ONE of the following.

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- 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.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

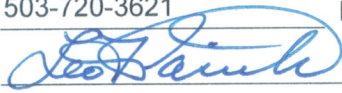
Department or Division Police Department
Number of Employees in Bargaining Unit 2
Describe the existing or proposed bargaining unit:
Full-time Lieutenants of the City of Ferndale Police Department

Collective Bargaining Agreement (CBA):
 If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.
CBA Expiration Date December 31, 2019

SHOWING OF INTEREST The showing of interest cards are confidential and are filed ONLY with PERC.

The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

AUTHORIZED CONTACT FOR PETITIONER

Name Leo F. Painton Title FOP Labor Specialist
 Address 1542 N. 4th Court City, State, ZIP Washougal, WA 98671
 Telephone 503-720-3621 Ext. _____ Email lpainton@fop.net
 Signature  Date 10-2-19

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

FOP Lodge #24
Leo F. Painton

Petitioner/Complainant/Filing Party

v.

City of Ferndale
IAMAW District Lodge 160

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)* 10/2/2019

To:	Name	Jori Burnett		
	Organization	City of Ferndale	<input type="checkbox"/> E-mail	<input checked="" type="checkbox"/> First Class U.S. Mail
	Address	P.O. Box 936/ 2095 Main St.	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Ferndale, WA 98248	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	joriburnett@cityof ferndale.org		
	Fax			
To:	Name	Glen Farmer		
	Organization	IAMAW District Lodge 160	<input type="checkbox"/> E-mail	<input checked="" type="checkbox"/> First Class U.S. Mail
	Address	P.O. Box 2569	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Ferndale, WA 98248	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	glenn@iam160.com		
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	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 10/2/19

Print Name Leo F. Painton

Signature 



From: [Leo Painton](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Matt Huffman](#)
Subject: Change of Representative, Ferndale WA
Date: Wednesday, October 2, 2019 8:41:48 AM
Attachments: 2018-2019 IAM Police ManagementCorrected.pdf
Showing of Interest Cards.pdf
PERCFerndale.pdf

Attached please find a Representation Petition requesting a change in representative for the Ferndale Police Department Lieutenants.

I have also included a copy of their current CBA, showing of interest cards signed by the two Lieutenants making the request and a certificate of service.

If you have any questions please feel free to contact me.

Thank you, Leo Painton

Leo Painton
FOP Labor Specialist
[503-720-3621](tel:503-720-3621)

You can't always get what you want but sometimes you get what you need.

"The leader is the 'servant' of his followers in that he removes the obstacles that prevent them from doing their job" Max DePree

WARNING

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