



REPRESENTATION PETITION

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

PARTIES Include information for all parties involved.

EMPLOYER Richland Police Department
Contact Bridget Clary
Title Chief of Police
Address 871 George Washington Way
City, State, ZIP Richland WA 99352
Telephone 509-942-7340 Ext. _____
Email bclary@ci.richland.wa.us

PETITIONER

Richland Police Command Staff Association/Washington Fraternal Order of Police
Contact James David
Title Attorney
Address Box 126
City, State, ZIP Vancouver WA 98666
Telephone 360-241-6528 Ext. _____
Email Jim.David@wafop.com

CURRENT BARGAINING REPRESENTATIVE

If one exists None
Contact _____
Title _____
Address _____
City, State, ZIP _____
Telephone _____ Ext. _____
Email _____

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 4
Describe the existing or proposed bargaining unit:

Command staff above the rank of sergeant, including all officers serving as Lieutenants, Captains and Commanders except for confidential employees and the chief of police.

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 _____

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	James David	Title	Attorney
Address	Box 126	City, State, ZIP	Vancouver WA 98666
Telephone	360-241-6528 Ext. _____	Email	Jim.David@wafop.com
Signature		Date	July 25, 2022

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

Richland Police Command Staff
Association/Washington Fraternal
Order of Police

Petitioner/Complainant/Filing Party

v.

City of Richland Police Department

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*) July 25, 2022

To:	Name	Bridget Clary			
	Organization	City of Richland Police	<input checked="checked" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	871 George Washington Way	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Richland WA 99352	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	bclary@ci.richland.wa.us			
	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				

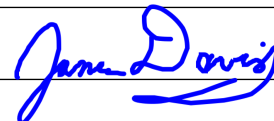
To:	Name				
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email				
	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 July 25, 2022

Print Name James David

Signature





Certificate of Service (2019)

From: [Jim David](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Representation Petition - Richland Police Command Staff Association/Washington Fraternal Order of Police
Date: Monday, July 25, 2022 11:33:48 AM
Attachments: Certificate of Service.pdf
Signed interest cards.pdf
PERC Application.pdf

External Email

Jim David
Attorney | General Counsel
Washington Fraternal Order of Police
WSBA 13754 | OSB 172814

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