



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 Long Beach

Contact David Glasson

Title Administrator

Address Box 310

City, State, ZIP Long Beach, WA 98631

Phone 360-642-4421 Ext. _____

Email dglasson@longbeachwa.gov

Long Beach Police Officers Association/ Washington Fraternal Order of Police

PETITIONER

Contact Jim David

Title Attorney

Address Box 126

City, State, ZIP Vancouver WA 98666

Phone 360-985-4000 Ext. _____

Email Jim.David@wafop.com

CURRENT BARGAINING REPRESENTATIVE

(If One Exists) Teamsters Local 58

Contact John Honts

Title _____

Address 2212 NE Adresen Rd

City, State, Zip Vancouver WA 98661

Phone 360-457-5731 Ext. _____

Email John.Honts@teamsters58.com

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 391-25-440.
- 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:
All sworn and commissioned police officers, except the Chief of Police and Deputy Chief, and the police clerk.

Number of Employees in Existing Unit 7

SECTION 2—Describe the Proposed Bargaining Unit:
All sworn and commissioned police officers, except the Chief of Police and Deputy Chief, and the police clerk

Number of Employees in Proposed Unit 7

If a CBA exists, what is the expiration date? 12/31/22

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 Jim David

Address Box 126

Phone 360-859-4000 Ext. _____

Signature

Title Attorney

City, State, ZIP Vancouver WA 98666

Email Jim.David@wafop.com

Date 1/1/23

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON

Long Beach Police Officers
Association/Washington Fraternal
Order of Police
Petitioner/Complainant/Filing Party

v.

City of Long Beach, Washington

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this *(title of document)*

Petition for Change of Representation

on all parties or their counsel of record on

1/1/23

To:	Name	David Glasson	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	City of Long Beach	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	Box 310	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Long Beach, WA 988631		
	Email	dglasson@longbeachwa.gov		
	Fax			
	Name	John Honts	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	Teamsters Local 58	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	2212 NE Andresen Rd	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Vancouver WA 98661		
	Email	John.honts@teamsters58.c0k		
	Fax			
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	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 1/1/23

Print Name James David

Signature 

From: [Jim David](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Change of Representation Petition - City of Long Beach Police
Date: Sunday, January 1, 2023 1:46:10 PM
Attachments: Long Beach.pdf
Long Beach Interest Cards.pdf
Teamsters - Long Beach PD Agreement.pdf
PERC Certificate of Service.pdf

External Email

Please see the attached Petition to change representation and signed interest cards from what I understand are 100% of the affected employees. A copy of the expired CBA is also attached.

Jim David
Attorney

General Counsel
Washington Fraternal Order of Police
Labor Coalition
WSBA 13754 | OSB 172814

David Law Group, PLLC
Box 126
Vancouver WA 98666

Office: 360-859-4000
Cell: 360-241-6528
Email: jim.david@wafop.com



From: [Jim David](#)
To: [PERC, Filing \(PERC\)](#)
Subject: Re: Change of Representation Petition - City of Long Beach Police
Date: Sunday, January 1, 2023 2:18:25 PM
Attachments: CityofLongBeachContract.2020-2022.pdf

External Email

I accidentally sent an MOU rather than the CBA with the filing. Please see the attached CBA.

Jim David

From: Jim David <jim.david@wafop.com>
Date: Sunday, January 1, 2023 at 13:45
To: Filings@perc.wa.gov <Filings@perc.wa.gov>
Subject: Change of Representation Petition - City of Long Beach Police

Please see the attached Petition to change representation and signed interest cards from what I understand are 100% of the affected employees. A copy of the expired CBA is also attached.

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