



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 Tacoma Power Bargaining Unit is a bargaining unit of classifications that support all the operations of Tacoma Power.

Number of Employees in Existing Unit 310

SECTION 2—Describe the Proposed Bargaining Unit:

Telecommunications Engineer, Senior shares a community of interest with Telecom Tech members that are currently in the Tacoma Power Bargaining Unit.


Number of Employees in Proposed Unit 11

If a CBA exists, what is the expiration date? 03/31/2024

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 Street
Phone 253-565-3232 **Ext.** _____
Signature 

Title Business Manager
City, State, ZIP Tacoma, WA 98409
Email byron@ibew483.org
Date 09/25/23

**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)* 09-25-23

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
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	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 09-25-23

Print Name Rianne Cornelison

Signature

Rianne Cornelison



From: [Rianne Cornelison](#)
To: [PERC, Filing \(PERC\)](#)
Cc: [Byron Allen](#); [Rose Mitchell](#)
Subject: Representation Petition - City of Tacoma, Telecommunication Engineer, Sr.
Date: Monday, September 25, 2023 3:46:10 PM
Attachments: Representation Petition.pdf
Authorization for Representation Cards.pdf
2021-2024 Tacoma Power Entire Current Agreement.pdf
Certificate of Service.pdf

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*



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PETITIONER REPRESENTATIVE

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

Title Business Manager
City, State, ZIP Tacoma, WA 98409
Email byron@ibew483.org
Date 09/25/23

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Print Name Rianne Cornelison

Signature

Rianne Cornelison



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To: [Carlson, Dylan \(Legal\)](#)
Cc: [PERC, Filing \(PERC\)](#); [Byron Allen](#); [Rose Mitchell](#)
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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
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