



LOS ANGELES COUNTY
EMPLOYEE RELATIONS COMMISSION
ERCOMfilings@bos.lacounty.gov

MOTION TO INTERVENE IN A PROCEEDING FOR CERTIFICATION

INSTRUCTIONS:

1. This petition may be filed by an employee organization, a council of employee organizations, by a single employee, group of employees or their representative, pursuant to 5.03 of the Employee Relations Commission Rules and Regulations.
2. Complete this petition and submit an electronic .pdf copy to ERCOMfilings@bos.lacounty.gov.

DO NOT WRITE IN THIS SPACE
UNIT:
PETITIONER:
FILE NO.
DATE FILED:

1. Name of Petitioner (in full):								
2. Address and telephone number of Petitioner's principal place of business:								
3. Representative authorized to receive notices or requests for information: <table><tr><td><u>Name</u></td><td><u>Address</u></td><td><u>Telephone</u></td></tr></table>	<u>Name</u>	<u>Address</u>	<u>Telephone</u>					
<u>Name</u>	<u>Address</u>	<u>Telephone</u>						
4. Identification of the petition for certification in which intervention is sought:								
<p>I declare that I am a duly authorized representative of the intervenor and certify under penalty of perjury that the statements set forth in this motion to intervene are true and correct to the best of my knowledge and belief.</p> <p>A copy of this motion has been served on the original petitioner and a copy on the _____.</p> <table><tr><td>_____</td><td>_____</td></tr><tr><td>Name of Representative</td><td>Title</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>Signature of Representative</td><td>Date</td></tr></table>	_____	_____	Name of Representative	Title	_____	_____	Signature of Representative	Date
_____	_____							
Name of Representative	Title							
_____	_____							
Signature of Representative	Date							