



Commonwealth of Massachusetts
Department of Labor Relations
150F Representation Petition

Do not write in this space: Case number: _____ Date filed: _____

Pursuant to M.G.L. c. 150F, the undersigned Transportation Network Driver Organization (TNDO) petitioner seeks to represent Transportation Network Drivers (TNDs) in an industry-wide bargaining unit of all TNDs for the purpose of initiating a bargaining process in order to establish working terms and conditions for the industry. The petitioner hereby requests that the Department proceed under the authority of M.G.L. c. 150F, § 5.

Name of Petitioner: _____

Affiliation(s): _____

Address: _____

Phone Number: _____ Email: _____

Representative to Contact: _____

Address: _____

Phone Number: _____ Email: _____

The petitioner is hereby seeking (check all that apply):

Designation of representation by at least 5% of active TNDs.	Certification	Election
<input type="checkbox"/> Yes	<input type="checkbox"/> Certification without election based on showing of interest of at least 25% of Active Drivers	<input type="checkbox"/> Election based on at least 5% showing of interest
	<input type="checkbox"/> Certification based on showing of interest by at least 50%+1	

If more than one option is selected, the Department will process the petition in the following order and determine if the TNDO meets the requirements for each: 1) a designation of representation, 2) certification without election, 3) election. The Department will order an election pursuant to M.G.L. c. 150F, § 5, if sought, if the TNDO does not meet the required showing of interest for requested certification without election.

The petitioner believes that the petition is supported by:

At least 5% of the active TNDs in the unit	At least 25% of the active TNDs in the unit	At least 50%+1 of the active TNDs in the unit
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of most recent active driver list (if known): _____

Number of TNDs in the unit (if known): _____

Are any of the TNDs included in the unit currently represented? ☐ Yes ☐ No

Name of incumbent TNDO: _____

Address: _____

Phone Number: _____ Email: _____

If the incumbent TNDO was certified, provide the case number: _____

Date on which the incumbent TNDO was certified: _____

The expiration date of the most recent final determination, if any, issued by the Secretary of The Executive Office of Labor and Workforce Development pursuant to M.G.L. c. 150F, § 6(F): _____

List any TNDO(s) (other than the Petitioner and the incumbent TNDO, if any) known to have an interest in representing the TNDs in the unit.

Name of TNDO: _____

Affiliation(s): _____

Address: _____

Phone Number: _____ Email: _____

Representative to Contact: _____

Address: _____

Phone Number: _____ Email: _____

Certification of Compliance with Data Security Requirements

I hereby certify that this TNDO securely maintains all personal information that it receives from drivers, including drivers that are not residents of the Commonwealth, and that it complies with all applicable legal requirements and standards to safeguard personal information. This TNDO understands that it shall be required to maintain a data security policy that covers personal TND information as part of its Designation Request and that it must file the most recent copy of that policy with the Department as an attachment to this petition, if it has not already done so.

Name (Print)

Signature

Title

Declaration

I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (Print)

Signature

Title

Address: _____

Phone Number: _____ Email: _____

Certificate of Service

I hereby certify that I have served a copy of this Petition on the following representative(s) of the following Transportation Network Companies (TNC) and, where necessary, the Incumbent TNDO named below:

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of TNC: _____

Address: _____

Phone Number: _____ Email: _____

Name of Incumbent TND (if any): _____

Address: _____

Phone Number: _____ Email: _____

Method of Service: ☐ In-hand ☐ First class mail ☐ Email

Name (Print)

Signature of person making certification

The Department does not discriminate on the basis of disability in access to its services. Inquiries, complaints or requests, including requests for auxiliary aids and information regarding access features should be directed to the LRC FORM-003 (page 2) Contact the ADA Coordinator at (617) 626-7132.