

**State of California**  
**Agricultural Labor Relations Board**  
**Proof of Service**

**Instructions:** A **petition for certification**, a **notice of intention to take access**, or a **notice of intention to organize** shall be served on the employer, either by personal service or by a method including a return receipt from the post office. Service may be accomplished by service upon any owner, officer, or director of the employer, or by leaving a copy at an office of the employer with a person apparently in charge of the office or other responsible person, or by personal service upon a supervisor of employees covered by the petition for certification. If service is made by delivering a copy of the petition to anyone other than an owner, officer, or director of the employer, immediately send a telegram or facsimile transmission to the owner, officer, or director of the employer declaring that a certification petition is being filed and stating the name and location of the person actually served. File with the regional office proof that the telegram or facsimile transmission was sent and received.

A **petition for decertification** or a **rival union petition** shall be served in the same manner as above, except that service of the petition also shall be made upon an officer or director of the incumbent union, or upon an agent of the union authorized to receive service of papers.

A **petition for intervention** shall be served in the same manner as above, except that service of the petition shall be made upon both the employer and the original petitioner.

**Do not write in this space**

Case No. \_\_\_\_\_  
Date Filed: \_\_\_\_\_

**Check one:**

- |   |  |
|---|--|
| <input type="checkbox"/> Petition for Certification   | <input type="checkbox"/> Rival Union Petition            |
| <input type="checkbox"/> Petition for Intervention    | <input type="checkbox"/> Notice of Intent to Organize    |
| <input type="checkbox"/> Petition for Decertification | <input type="checkbox"/> Notice of Intent to Take Access |

**I served a completed and signed copy of the attached document to**

Name   
Title

**at:**

Addr   
City  State  Zip

by personally delivering the charge to the named person at the address specified above on  
Date:  Time:

**or alternatively,**

by mailing said documents, by a method that includes a return receipt, to the named person at the following address:  
Addr   
City  State  Zip

The return receipt is (check one):

- Attached  
 Will be provided upon receipt

## Declaration

I declare under penalty of perjury that the foregoing is true and correct.

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Representative Filing Proof of Service**

Name

Title

Addr  Phone

City  State  Zip  Fax

Email

Executed at (City, State)

Executed Date