

AUTHORIZATION FOR REPRESENTATION

I authorize the International Union of Painters & Allied Trades or its affiliated Local Union or District Council to act as my exclusive collective bargaining representative with any present or future employer in all matters pertaining to wages, hours and other conditions of employment. I understand that this authorization may be used by the union to petition for a Florida Public Employees Relations Commission (PERC) election or obtain recognition from my employer without an election. I understand that revocation of my authorization can only be done in writing to both my employer and the union.

(Please Print your name and details and Sign below)

FIRST Name:	
Middle Initial or Name:	
LAST Name:	
Street Address:	
Apartment/Box/Lot Number:	
CITY:	STATE:
ZIP CODE:	Mobile Phone:
Email:	
Employer:	
Job Classification:	
<u>SECURE DATA FIELDS: This information will be blanked out (redacted) once you sign this form</u>	
Last 4 digits of your Social Security Number: _____	
Date of Birth: _____	
Your Signature:	

Click the Button Below to Print this form and sign it with a pen.

[Print Form Button](#)