

**VOLUNTARY RECOGNITION FORM**

(File original with the Maine Labor Relations Board,  
90 State House Station, Augusta, Maine 04333-0090.)

\_\_\_\_\_  
Date of Recognition

Having determined that the \_\_\_\_\_  
Name of Unit

is an appropriate unit for collective bargaining purposes and being satisfied that a majority of the members of that unit desire

to be represented by \_\_\_\_\_ as their bargaining agent  
Name of Bargaining Agent

for the purposes of collective bargaining, the undersigned Public Employer hereby grants voluntary recognition.

Signed: \_\_\_\_\_  
Representative of Employer

\_\_\_\_\_  
Name (type or print) Title

\_\_\_\_\_  
Bargaining Agent

\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_