

**Model Card Check Authorization Language (OAR 115-025-0021(4))**

I designate *[name of labor organization]* as the exclusive bargaining representative for the purposes of collective bargaining with *[name of employer]*. I understand that my signature may be used to obtain certification of the above-named labor organization as the exclusive bargaining representative, without an election.

<b>Employee Name</b>	<b>Employee Signature</b>	<b>Date Signed</b>