



**Law Enforcement  
Labor Services, Inc.**

# AUTHORIZATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Facility: \_\_\_\_\_

Position: \_\_\_\_\_

***I authorize Law Enforcement Labor Services, Inc to represent me in  
all matters relating to wages, hours and working conditions in  
accordance with the Public Employment Labor Relations Act of 1971,  
as amended.***

Signature: \_\_\_\_\_

*(Signature is required – Typing name is not a signature by BMS rules)*

Date: \_\_\_\_\_

**Please return signed form to LELS:**

Law Enforcement Labor Services  
2700 Freeway Boulevard, Suite 700  
Brooklyn Center, MN 55430  
Or Email: [cdeans@lels.org](mailto:cdeans@lels.org)