### PELRB Form #03 (Revised 3-15-23)

# STATE OF NEW MEXICO PUBLIC EMPLOYEE LABOR RELATIONS BOARD

State or National Affiliation:	, Petitioner	PELRB No:
(If Applicable) and	, Respondent	

### PETITION FOR INITIAL CERTIFICATION OF A NEW BARGAINING UNIT

Petitioner or Petitioner's Representative seeks certification as the exclusive agent for purposes of collective bargaining for the following public employees: [Describe the proposed bargaining unit; *for example* by job position or classification, by work site. An additional sheet may be attached if necessary]

The Petitioner **does not** seek to represent the following positions:

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In support, Petitioner or Petitioner's Representative STATES:

1.	A bargaining unit comprised of the following positions of this Public Employer already exists or has been certified (attach additional sheets if necessary):				
2.	The geographic work location(s) of the petitioned-for employees is/are as follows:				
3.	The Petitioner estimates the proposed bargaining unit includes employees.				
4.					
	Labor Organization: Address:				
	Telephone:				
	Fax:				
	Email:				
	a. The unit covered by the CBA, if different from the petitioned for unit, is as follows (attach additional sheets if necessary):				
	b. The Petitioner requests the following action be taken by the PELRB:				

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- c. A copy of the CBA is attached, if available to the Petitioner. If not available explain how a copy may be obtained.
- 5. The required showing of interest has been filed contemporaneously with this Petition. If using electronic signatures, submit a completed Form #03A along with this petition.
- 6. Petitioner hereby states the following other facts relevant to the Petition (attach additional sheets if necessary):

7. The parties' contact infor	mation is as follows:
PETITIONER	RESPONDENT
Address:	Address:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
	best of my knowledge and belief. entative:
Printed name:	
Address:	
Telephone Number:	
Fax Number:	
Email:	

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#### **Certificate of Service**

I hereby declare that a true and correct copy of this Petition was served on the following representatives of the Respondent by:

Hand delivery	US Mail	Electronic submission
on or about		
Party served		
Employer:		
Name of individual served:		
Address:		
Additional persons served:		
1		
Signature	<del></del>	Printed Name