

**STATE OF NEW MEXICO  
PUBLIC EMPLOYEE LABOR RELATIONS BOARD**

\_\_\_\_\_,  
Petitioner

State or National Affiliation: \_\_\_\_\_  
(If Applicable)

and

PELRB No:

\_\_\_\_\_,  
Respondent

**PETITION FOR RECOGNITION AS INCUMBENT LABOR ORGANIZATION**

Petitioner seeks a declaration of bargaining status and certification as an incumbent exclusive agent for the following bargaining unit: [Describe the proposed bargaining unit; *for example* by job position or classification, by work site. An additional sheet may be attached if necessary]

In support thereof, Petitioner or Petitioner's Representative states as follows:

1. The bargaining unit identified above was established on \_\_\_\_\_
2. Petitioner estimates the incumbent bargaining unit now includes \_\_\_\_\_ employees.
3. A copy of the most recent collective bargaining agreement or other documentation describing the bargaining unit in existence on June 30, 2020 \_\_\_\_\_ attached. If not attached, explain why and/or where or from whom a copy may be obtained:
  
4. A majority showing of interest from the petitioned-for bargaining unit is submitted with this petition.
5. Petitioner hereby states any other facts relevant to the Petition:

**DECLARATION**

I declare that I have read the above petition and certify under penalty of perjury that the statements herein are true to the best of my knowledge and belief.

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

Title: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

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

Fax Number: \_\_\_\_\_

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

**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:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name