

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

_____,
Petitioner

State or National Affiliation: _____
(If Applicable)

and

PELRB No:

_____,
Respondent

PETITION FOR DECERTIFICATION

Petitioner or Petitioner's Representative seeks decertification of the above identified labor organization as the exclusive bargaining agent for the following public employees: [Describe the existing bargaining unit; for example, by job position or classification, by work site. An additional sheet may be attached if necessary]

In support thereof, Petitioner STATES:

1. The Petitioner estimates the bargaining unit includes _____ employees.
2. The original certification election was held on _____.

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 of Petitioner's Representative: _____

Printed name: _____

Address: _____

Date: _____

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

Organization: _____

Name of individual served: _____

Address: _____

Additional persons served:

Signature

Printed Name