

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

In re:

\_\_\_\_\_,  
Local Labor Board

Address:

\_\_\_\_\_

\_\_\_\_\_

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

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

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

PELRB No:

**LOCAL BOARD AFFIRMATION OF ELECTION TO CONTINUE TO OPERATE**

I, \_\_\_\_\_, \_\_\_\_\_ the \_\_\_\_\_,  
hereby state and affirm as follows:

1) \_\_\_\_\_ has affirmatively elected to continue to  
operate under the \_\_\_\_\_.

2) The following labor organizations represent employees of

3) Each labor organization representing employees of \_\_\_\_\_ has submitted written notice to \_\_\_\_\_ that it affirmatively elects to continue to operate under \_\_\_\_\_.

I declare under penalty of perjury under the laws of the State of New Mexico that the foregoing is true and correct.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

Address:

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**NOTARIZATION**

[place notary seal below]

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of applicant).

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_