

**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 \_\_\_\_\_.

3. There \_\_\_\_\_ a collective bargaining agreement (CBA) in effect covering any of the petitioned-for employees. If there IS a CBA in effect:
  - a. The CBA became on effective on \_\_\_\_\_; and
  - b. The CBA shall expire on \_\_\_\_\_.
  - c. A copy of the CBA is attached, if available to the Petitioner. If not available explain where a copy may be obtained
  
4. Petitioner is either the labor organization to be decertified or is a member thereof.
5. The required showing of interest is hereby filed contemporaneously with this Petition.
6. Petitioner states the following additional facts relevant to the Petition:

7. The parties' contact information is as follows:

PETITIONER

RESPONDENT

Address:

Address:

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

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

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

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

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

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

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

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

**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: \_\_\_\_\_