

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

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

**PELRB No:**

State or National Affiliation: \_\_\_\_\_  
(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:

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. THERE \_\_\_\_\_ a CBA in effect for any of the employees in the proposed or any existing bargaining unit. If there IS a CBA in effect provide the name, address and phone number of the labor organization that is a signatory to that CBA (if applicable):

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:

- 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 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: \_\_\_\_\_  
\_\_\_\_\_

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