

Petition for Decertification Election

Please complete the form below. Note that fields marked with an asterisk (*) are required. Email to mediation.services.bms@state.mn.us.

*Name of **PETITIONING GROUP** _____

*Address of **PETITIONING GROUP** _____

*City _____ State MN *Zip _____

*Name of **PETITIONING GROUP REPRESENTATIVE** _____

*Email of **PETITIONING GROUP REPRESENTATIVE** _____

*Name of **EMPLOYER** _____

*Address of **EMPLOYER** _____

*City _____ State MN *Zip _____

*Name of **EMPLOYER REPRESENTATIVE** _____

*Email of **EMPLOYER REPRESENTATIVE** _____

*Name of **CURRENT UNION/ASSOCIATION** _____

*Address of **CURRENT UNION/ASSOCIATION** _____

*City _____ State MN *Zip _____

*Name of **UNION/ASSOCIATION REPRESENTATIVE** _____

*Email of **UNION/ASSOCIATION REPRESENTATIVE** _____

*Expiration Date of Current Contract _____

*Number of Employees covered by this request _____

Deauthorization cards of at least 30% showing of interest in support of this request must be submitted with this petition to be processed. Cards may be submitted via email, fax, mail, or hand delivery.

*Description of Current Unit: _____

*Name of Person Filing this Request: _____

* Email _____