	nt of Labor UbX'FY[i `Uh]cb r and Management
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*	
Petitioners, *	
* *	
and *	PETITION FOR DECERTIFICATION
. *	
Respondent. , *	
*	I.
The name of the employer, employer's contact person, address and phone number is:	
	II.
The name of the employee organization number is:	ion, contact person, address and phone
	III.
The employee organization was certified by the Division of Labor and Management on :	
	IV.
The unit of employees is defined as follows:	
	V.
The Number of employees in the unit is:	
	VI.
The reason for requesting decertification is:	
Dated this day of	,
DOL-LM-10-00	(Petitioner)