



State of New Hampshire
Public Employee Labor Relations Board

Revocation of Authorization Card

I, _____, hereby revoke any authorization card I
(print name)
previously signed to be represented by _____ for purposes of
collective bargaining under RSA 273-A. A copy of my driver's license is attached.

Date: _____

Signature: _____

Job Position/Title: _____

Important: Please include a copy of your driver's license for verification of identity.

New Hampshire Public Employee Labor Relations Board
2 ½ Beacon St., Suite 200, Concord, New Hampshire 03301
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