

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

07-RC-252770

Date Filed

12-3-2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> WNEM-TV		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 107 N. Franklin Street MI Saginaw 48607-	
<b>3a. Employer Representative - Name and Title</b> Pamela Manor		<b>3b. Address</b> (If same as 2b - state same) 107 N. Franklin Street MI Saginaw 48607-	
<b>3c. Tel. No.</b> (989) 758-8191	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (989) 758-2113	<b>3f. E-Mail Address</b> Pam Manor@wnem.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Broadcasting & Cable TV		<b>4b. Principal product or service</b> Television Broadcasts	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Saginaw, MI	
		<b>6a. No. of Employees in Unit:</b> 9	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). National Association of Broadcast Employees & Technicians - Communications Workers (		<b>8b. Address</b> 501 Third Street NW DC Washington 20001-	
<b>8c. Tel No.</b> (202) 434-1234	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> jchartier@cwa-union.org
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b> 11/01/1958	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 01/31/2020

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 01/03/2020	<b>11c. Election Time(s):</b> 11:00 am - 4:00 pm	<b>11d. Election Location(s):</b> TBD
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**12a. Full Name of Petitioner (including local name and number)**  
Judiann Chartier  
National Association of Broadcast Employees & Technicians - Communications Workers of America, AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
501 Third Street NW  
DC Washington 20001-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
National Association of Broadcast Employees & Technicians - Communications Workers of America, AFL-CIO

<b>12d. Tel No.</b> (202) 434-1234	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (202) 434-1289	<b>12g. E-Mail Address</b> jchartier@cwa-union.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Judiann Chartier General Counsel National Association of Broadcast Employees & Technicians - Communications		<b>13b. Address (street and number, city, state, and ZIP code)</b> 501 Third Street NW DC Washington 20001-	
<b>13c. Tel No.</b> (202) 434-1234	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (202) 434-1289	<b>13f. E-Mail Address</b> jchartier@cwa-union.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Judiann Chartier	<b>Signature</b> Judiann Chartier	<b>Title</b> General Counsel	<b>Date</b> 12/3/2019 15:33:07
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-RC-252770	12-3-2019

**Employees Included**

Producers to be included in the existing bargaining unit via an Armour-Globe self-determination election

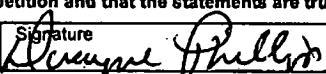
**Employees Excluded**

statutorily excluded individuals, guards, and managers

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 07-RC-252880	Date Filed 12-5-2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Loomis Armored US, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 600 S. Valley St., West Branch, MI 48661	
3a. Employer Representative - Name and Title Sandra Strong, VP HR & LR		3b. Address (If same as 2b - state same) 2500 City West Blvd, Suite 900, Houston, TX 77042	
3c. Tel. No. 713-435-6945	3d. Cell No.	3e. Fax No. 713-435-6928	3f. E-Mail Address sandra.strong@us.loomis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY		4b. Principal product or service SECURITY	
5a. City and State where unit is located: West Branch, MI			5b. No. of Employees in Unit: 12
6a. Description of Unit Involved <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SERVICE TECHNICIANS, DRIVERS AND MESSENGERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY LOOMIS ARMORED US, INC @ 600 S. VALLEY ST., WEST BRANCH, MI 48661 <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>NO</b> <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>NO</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 1/6/20	11c. Election Time(s): 5:00 - 8:30 am	11d. Election Location(s): Break Room	
12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)		12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA)			
12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Gordon Gregory, General Counsel		13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226	
13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-984-2125	13f. E-Mail Address Gordon@UnionLaw.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Dwayne Phillips	Signature 	Title Organizing Director	Date 12/4/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-253021

Date Filed

Dec 6, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Michigan Power Systems

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
3250 Old Farm Lane Suite 9, Commerce Township MI 48390

**3a. Employer Representative - Name and Title:**  
Joseph Konja, owner

**3b. Address (if same as 2b - state same):**  
same

**3c. Tel. No.**  
888-595-7304

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
estimate@michiganpowersystems.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Electrical Contractor

**4b. Principal Product or Service**  
Electrical Construction

**5a. City and State where unit is located:**  
Commerce Township

**5b. Description of Unit Involved:**

Included:

Electrical Workers

Excluded:

Owners, contractor on record, other crafts, office personal, supervisors

**6a. Number of Employees in Unit:**  
6

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 12-02-2019 **and Employer declined recognition** on or about (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
none

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**  
none

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:** To be recognized as this unit's bargaining representation

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
December 17, 2019

**11c. Election Time(s):**  
5pm-9pm

**11d. Election Location(s):**  
1358 Abbott St. Detroit, MI 48226-2411

**12a. Full Name of Petitioner (including local name and number):**  
International Brotherhood of Electrical Workers Local 58

**12b. Address (street and number, city, State and ZIP code):**  
1358 Abbott St. Detroit, MI 48226-2411

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Electrical Workers / AFL-CIO

**12d. Tel. No.**  
313-963-2130

**12e. Cell No.**

**12f. Fax No.**  
313-963-9348

**12g. E-Mail Address**  
ibew58@ibewlocal58.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Karen Gorny

**13b. Address (street and number, city, State and ZIP code):**  
1358 Abbott St. Detroit, MI 48226-2411

**13c. Tel. No.**

**13d. Cell No.**  
313-819-4429

**13e. Fax No.**

**13f. E-Mail Address**  
karen.gorny@ibewlocal58.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Karen Gorny

**Signature**

**Title**  
Membership Development

**Date**  
12-6-19

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

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FORM NLRB-502 (RC)  
(2-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 07-RC-253087

Date Filed Dec 9, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB-4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act:

2a. Name of Employer: Liberty Transit Mix  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 7520 23 Mile Road, Shelby Township, MI 48136

3a. Employer Representative - Name and Title: Jeff Frell, Transportation Manager  
3b. Address (if same as 2b - state same): same

3c. Tel. No.: 586 254-2212  
3d. Cell No.:  
3e. Fax No.: 586 254-2225  
3f. E-Mail Address:

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Concrete Manufacturer  
4b. Principal product or service: Concrete  
4c. City and State where unit is located: Shelby Township, MI

5a. Description of Unit Involved: All full-time and regular part-time Loaders and Drivers employed by the Employer at its 7520 23 Mile Road, Shelby Township, MI facility  
5b. No. of Employees in Unit: 14  
5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐  
Excluded: Guards and supervisors as defined in the Act

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state): None  
8b. Address:

8c. Tel. No.:  
8d. Cell No.:  
8e. Fax No.:  
8f. E-Mail Address:

8g. Affiliation, if any:  
8h. Date of Recognition or Certification:  
8i. Expiration Date of Current or Most Recent Contract, if any: (Month, Day, Year):

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (If so, approximately how many employees are participating? \_\_\_\_\_)  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above: (if none, so state):

10a. Name:  
10b. Address:  
10c. Tel. No.:  
10d. Cell No.:  
10e. Fax No.:  
10f. E-Mail Address:

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Monday January 20, 2020  
11c. Election Time(s): 7:am - 7:30 am  
11d. Election Location(s): 7520 23 Mile Road, Shelby Township, MI 48136

12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 324  
12b. Address (street and number, city, state, and ZIP code): 500 Hulet Drive, Bloomfield Township, MI 48302

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers


12d. Tel. No.: 248 461-0324  
12e. Cell No.:  
12f. Fax No.: 248 454-1766  
12g. E-Mail Address:

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:

13a. Name and Title: Amy Bachelder, Attorney  
13b. Address (street and number, city, state, and ZIP code): 333 W Ford Suite 1400, Detroit, MI 48226

13c. Tel. No.: 313 496-8408  
13d. Cell No.: 248 224-4800  
13e. Fax No.: 313 885-4802  
13f. E-Mail Address: abachelder@michlabor.legal

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print): Amy Bachelder  
Signature:   
Title: Attorney  
Date: 12/9/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>07-RC-253472</b>	Date Filed <b>12-17-2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer <b>Imperial Beverage</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>34462 Glendale St. Livonia, MI 48150</b>	
3a. Employer Representative - Name and Title <b>Vic Rodopoulos - operations manager</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>734-744-9708</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>vrodopoulos.imperialbeverage.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	
		4c. City and State where unit is located: <b>Livonia MI</b>	

<b>5b. Description of Unit Involved</b>		6a. No. of Employees in Unit: <b>22</b>
Included: <b>All Delivery drivers</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: <b>Any and all office personal, supervisors, Guards, Dispatchers</b>		

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
--	---

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): <b>1-3-2020</b>	11c. Election Time(s): <b>4 a.m. - 7 a.m.</b>	11d. Election Location(s): <b>34462 Glendale St. Livonia MI</b>
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12a. Full Name of Petitioner (including local name and number) <b>Teamsters Local 1038</b>	12b. Address (street and number, city, state, and ZIP code) <b>2841 Trumbull Ave</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Brotherhood of Teamsters (IBT)</b>
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12d. Tel No. <b>(313) 964-0720</b>	12e. Cell No. <b>313-828-9330</b>	12f. Fax No. <b>(313) 964-9741</b>	12g. E-Mail Address <b>TEAMSTERS1038@aol.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
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13a. Name and Title <b>X [Signature] President</b>		13b. Address (street and number, city, state, and ZIP code) <b>2741 Trumbull Ave Detroit MI 48216</b>	
13c. Tel No. <b>586-431-5589</b>	13d. Cell No.	13e. Fax No. <b>313-964-9741</b>	13f. E-Mail Address <b>TEAMSTERS1038@aol.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>CRBG NAWAAR</b>	Signature <b>[Signature]</b>	Title <b>PRESIDENT</b>	Date <b>12-12-19</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.