

FORM NLRB-502 (RC)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

## RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

07-RC-254513

Date Filed

1-13-2020

**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

Sunbelt Rentals, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

47515 Ryan Rd., Shelby Twp., MI 48317

3a. Employer Representative - Name and Title

Thomas Losiewski

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

same

3c. Tel. No.

586 884-9270

3d. Cell No.

3e. Fax No.

586 884-9271

3f. E-Mail Address

pcm1014@sunbeltrentals.com

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

Equipment rental

4b. Principal product or service

Equipment rental

5a. City and State where unit is located:

5b. Description of Unit Involved

Included: All full-time and regular part-time mechanics, drivers, and yard employees employed by the Employer in and out of its facility at 47515 Ryan Rd., Shelby Twp., Michigan.

Excluded:

Guards and supervisors as defined in the Act

6a. No. of Employees in Unit:

5

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) \_\_\_\_\_ 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)  
None known

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):  
Tuesday February 4, 2020

11c. Election Time(s):  
7:00 am to 9:00 am

11d. Election Location(s):  
Shelby Township, MI

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.

248 451-0324

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 Fort Suite 1400, Detroit, MI 48226

13c. Tel. No.

313 496-9408

13d. Cell No.

248 224-4800

13e. Fax No.

313 965-4602

13f. E-Mail Address

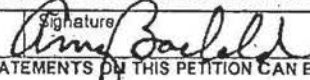
abachelder@michlabor.legal

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

1/13/2020

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.

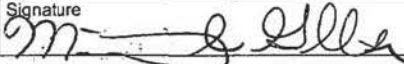
07-RC-255061

Date Filed

1-23-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [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.

<b>2a. Name of Employer:</b> CEVA Freight LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 10049 Harrison # 100 Romulus, MI 48174	
<b>3a. Employer Representative - Name and Title:</b> Dave Atwell		<b>3b. Address (if same as 2b - state same):</b>	
<b>3c. Tel. No.</b> 743-229-1832	<b>3d. Cell No.</b> 743-755-7449	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> david.atwell@cevalogistics.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Freight Delivery		<b>4b. Principal Product or Service</b> Retail goods	<b>5a. City and State where unit is located:</b> Romulus, MI
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All regular full time and part time delivery drivers <b>Excluded:</b> All office clerical, managerial, administrative employees, guards & supervisors defined in the Act.			<b>6a. Number 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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>Let petition</u> on or about (Date) <u>serve request</u> (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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> None			
<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>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> February 14, 2020	<b>11c. Election Time(s):</b> 5:00am to 6:00am & 6:30am to 7:15am	<b>11d. Election Location(s):</b> Drivers Lounge	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local Union No. 299		<b>12b. Address (street and number, city, State and ZIP code):</b> 2741 Trumbull Ave., Detroit, MI 48216	
<b>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>12d. Tel. No.</b> 313-946-8750	<b>12e. Cell No.</b> 734-771-1376	<b>12f. Fax No.</b> 313-965-0301	<b>12g. E-Mail Address</b> glubamike@gmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Michael Gluba, Trustee, Business Agent		<b>13b. Address (street and number, city, State and ZIP code):</b> 2741 Trumbull Ave. Detroit, MI 48216	
<b>13c. Tel. No.</b> 313-946-8750	<b>13d. Cell No.</b> 734-771-1376	<b>13e. Fax No.</b> 313-965-0301	<b>13f. E-Mail Address</b> glubamike@gmail.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.</b>			
<b>Name (Print)</b> Michael Gluba	<b>Signature</b> 		<b>Title</b> Trustee, Business Agent
			<b>Date</b> 1/23/20

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 may 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-255073

Date Filed

1-24-2020

**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> Midwest Freight Co.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 21900 Hoover rd warren MI 48089	
<b>3a. Employer Representative - Name and Title:</b> Mark Henning operations manager		<b>3b. Address (if same as 2b - state same):</b> Same Company@midwestfreight-system.com	
<b>3c. Tel. No.</b> 586-580-1200	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 586-487-6690	<b>3f. E-Mail Address</b> operation@midwestfreight-system.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> warehouse-freight		<b>4b. Principal Product or Service</b> Automotive	
<b>5b. Description of Unit Involved:</b> Included: All full & part-time local-city Drivers Excluded: Any & all other personal, supervisors, guards, dispatchers		<b>5a. City and State where unit is located:</b> Warren MI	
<b>6a. Number of Employees in Unit:</b> 70		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1-13-20 on or about (Date) 1-13-20 (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> NO If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>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>			
<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>	
<b>11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:</b>			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 2-14-2020		<b>11c. Election Time(s):</b> 1:00 pm. - 4:00 pm.	
		<b>11d. Election Location(s):</b> 21900 Hoover rd warren MI 48089	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters local 337		<b>12b. Address (street and number, city, State and ZIP code):</b> 2801 Trumbull ave Det MI, 48216	
<b>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>12d. Tel. No.</b> 313-965-4833	<b>12e. Cell No.</b> 313-828-9330	<b>12f. Fax No.</b> 313-965-0570	<b>12g. E-Mail Address</b> Dave@Teamsterslocal337.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Dave Hughes / organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 2801 Trumbull ave Det, MI 48216	
<b>13c. Tel. No.</b> same	<b>13d. Cell No.</b> same	<b>13e. Fax No.</b> same	<b>13f. E-Mail Address</b> same
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Dave Hughes	<b>Signature</b> 	<b>Title</b> organizer	<b>Date</b> 1-23-20

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.  
**07-RC-255234**

Date Filed  
**1-28-2020**

**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 Paving & Materials

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2575 Haggerty Rd., Canton, MI 48188

**3a. Employer Representative - Name and Title**  
Richard Becker, President

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

**3c. Tel. No.**  
734 397-2050

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
rbecker@mipmc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Asphalt production and paving

**4b. Principal product or service**  
Asphalt production and paving

**5a. City and State where unit is located**  
various locations in Michigan

**5b. Description of Unit Involved**  
Included: see attachment  
Excluded:

**6a. No. of Employees in Unit:**  
63

**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) \_\_\_\_\_ 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).**

**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):**  
Mail ballot

**11c. Election Time(s):**  
Mail ballot

**11d. Election Location(s):**  
Mail ballot

**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.**  
248 451-0324

**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 Fort Suite 1400, Detroit, MI 48226

**13c. Tel No.**  
313 496-9408

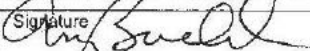
**13d. Cell No.**  
248 224-4600

**13e. Fax No.**  
313 965-4602

**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**  
1/28/2020

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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Attachment:

5(b) Description of Unit Involved:

Included: All full-time and regular part-time asphalt plant employees; paving and grading employees; and mechanics; employed in and out of the Employer's facilities located in Michigan

Excluded: Guards and supervisors as defined in the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

07-RC-255329

Date Filed

1-29-2020

**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**  
McLaren Caro Region

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
401 N. Hooper St.  
MI Caro 48723-

**3a. Employer Representative - Name and Title**  
Marc Augsburg

**3b. Address (If same as 2b - state same)**  
401 N. Hooper St.  
MI Caro 48723-

**3c. Tel. No.**  
(989) 673-3141

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
marc.augsburger@mcclaren.org

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

**4b. Principal product or service**  
Healthcare

**5a. City and State where unit is located:**  
Caro, MI

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
11

**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) \_\_\_\_\_ 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).**

**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):**  
February 7, 2020

**11c. Election Time(s):**  
9 a.m.

**11d. Election Location(s):**  
Mail Ballot to employees

**12a. Full Name of Petitioner (including local name and number)**  
Reno Thompson  
Michigan AFSCME Council 25, AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
7700 Second Ave. Suite #314  
MI Detroit 48202-

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

**12d. Tel No.**  
(313) 964-1711

**12e. Cell No.**  
(313) 477-8044

**12f. Fax No.**

**12g. E-Mail Address**  
rthompson@miafscme.org

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

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**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)**  
Reno Thompson

**Signature**  
Reno Thompson

**Title**  
Organizer

**Date**  
01/28/2020 11:47:16

**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-255329	1-29-2020

#### Employees Included

All full-time and regular part-time Registered Nurses engaged in routine patient care.

#### Employees Excluded

Vice President of Nursing, Directors, Associate Directors, Assistant Directors, Nurse Managers, Assistant Nurse Managers, all temporary and casual Registered Nurses, Managerial Registered Nurses, supervisors as defined by the NLRB Act, and all other employees, including all Registered Nurses not engaged in routine patient care and /or supervisory nurses.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

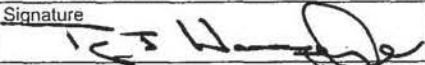
Case No.

Date Filed

07-RC-255396 January 29, 2020

**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: Agropur		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5252 Clay Ave S.W. Grand Rapids MI 49548	
3a. Employer Representative - Name and Title: Darren Standorf-Plant Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 616-538-3822	3d. Cell No.	3e. Fax No. 616-538-3844	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Manufacturer		4b. Principal Product or Service Milk	5a. City and State where unit is located: Grand Rapids, MI
5b. Description of Unit Involved: Included: All hourly production workers, hilos, recievers, shippers, leadmen Excluded: Lab Tech, Maintenance, supervisors, management, clerks, office personel			6a. Number of Employees in Unit: 160 Approximately
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/29/20 and Employer declined recognition on or about (Date) 1/29/20 (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) International Brotherhood of Teamsters Local 406		8b. Address: 3315 Eastern Ave. S.E., Grand Rapids, MI, 49508	
8c. Tel. No. 616-452-1551	8d. Cell No. 616-446-0455	8e. Fax No. 800-452-6364	8f. E-Mail Address terry@teamsters406.org
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 <input checked="" type="checkbox"/> 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 and 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): T.B.D. 2 Dates		11c. Election Time(s): T.B.D. 2 Dates	11d. Election Location(s): 5252 Clay Ave. S.W. Grand Rapids MI 4950
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 406		12b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave, S.E. Grand Rapids MI 49548	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Local 406			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	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: Terry Hoogerhyde- Business Agent		13b. Address (street and number, city, State and ZIP code): 3315 Eastern Ave. Grand Rapids MI 49508	
13c. Tel. No. 616-452-1551	13d. Cell No. 616-446-0455	13e. Fax No. 800-452-6364	13f. E-Mail Address terry@teamsters406.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) Terry Hoogerhyde		Signature 	Title Business Agent Date 1/29/20

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 may cause the NLRB to decline to invoke its processes.



\*\*\*\*\* Armour-Globe Election \*\*\*\*\*  
Bargaining Unit Case # 07-RC-19852

FORM NLRB-502 (RC)  
(4-15)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

**07-RC-255491**

Date Filed

**1-31-2020**

**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**

Farmington OPOCO LLC, d/b/a/ MediLodge of Farmington

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)

34225 Grand River, Farmington, MI 48335

**3a. Employer Representative - Name and Title**

Monica Morris, Administrator

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

Same

**3c. Tel. No.**

(248) 477-7373

**3d. Cell No.**

(313) 408-8535

**3e. Fax No.**

(248) 477-0622

**3f. E-Mail Address**

mmorris@medilodgeoffarmington.com

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

Health Care

**4b. Principal product or service**

Nursing Home

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

Farmington, MI

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time Respiratory Therapists

**Excluded:** All office clerical employees, licensed practical nurses, registered nurses, managerial employees, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**

19

**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) \_\_\_\_\_ 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)

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

**8k. 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) 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:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

February 21, 2020 and February 22, 2020

**11c. Election Time(s):**

5:15 p.m. to 8:15 p.m.

**11d. Election Location(s):**

Fish Room

**12a. Full Name of Petitioner** (including local name and number)

Teamsters Local Union No. 243

**12b. Address** (street and number, city, state, and ZIP code)

39420 Schoolcraft Rd., Plymouth Township, MI 48170

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

International Brotherhood of Teamsters

**12d. Tel No.**

(734) 420-6900

**12e. Cell No.**

**12f. Fax No.**

(734) 420-2610

**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** Phil Turner, Recording Secretary

**13b. Address** (street and number, city, state, and ZIP code)

39420 Schoolcraft Rd., Plymouth Township, MI 48170

**13c. Tel No.**

(743) 420-6900

**13d. Cell No.**

(734) 244-2929

**13e. Fax No.**

(734) 420-2610

**13f. E-Mail Address**

Phil@Teamsters243.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)**

Phil Turner

**Signature**



**Title**

Recording Secretary

**Date**

January 31, 2020

**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  
RD PETITIONCase No.  
07-RD-254636Date Filed  
1/14/2020

**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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 Sheridan Publishing Grand Rapids		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 5100 33rd Street S.E. Grand Rapids Mi 49512	
3a. Employer Representative - Name and Title Jason Nelson		3b. Address (If same as 2b - state name) Same	
3c. Tel. No. 616-957-5100	3d. Fax No.	3e. Cell No.	3f. E-Mail Address jason.nelson@sheridan.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Printer		4b. Principal product or service Book	
5a. Description of Unit Involved <b>Included:</b> Lithographic Production employees  <b>Excluded:</b>			5b. City and State where unit is located: Grand Rapids, Michigan
6. No. of Employees in Unit 24	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Graphics Communications Conference of the IBT Local 550-M District Council 3		8b. Affiliation, if any	
8c. Address 11420 East Nine Mile Road Warren, Michigan 48089		8d. Tel. No.	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address (b) (6), (b) (7)(C) or (b) (6), (b) (7)(C)
9. Date of Recognition or Certification October 5th 2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October 5th 2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) February 7th 2020	13c. Election Time(s) 6:30-7:30 AM and 2:30-3:00 PM		13d. Election Location(s) Employer Facility
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and (b) (6), (b) (7)(C) the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title	Date Filed 01/14/20

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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NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

07-RD-25421

January

Date Filed

29, 2020

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 7 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-805); 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 Transdev Services, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1415 Lake Lansing Road, Lansing, MI 48912	
3a. Employer Representative - Name and Title Tim Sparks		3b. Address (If same as 2b - state same) Same as 2B	
3c. Tel. No. (517)940-7501	3d. Fax No. (517)582-0873	3e. Cell No.	3f. E-Mail Address timothy.sparks@transdev.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Facility		4b. Principal product or service Transportation	
5a. Description of Unit Involved Included: All full-time and regular part-time drivers and utility workers employed by the Employer in Lansing, MI Excluded: Road supervisors, safety supervisors, mechanics, dispatchers, office clerical and professional employees.			5b. City and State where unit is located: Lansing, MI

6. No. of Employees in Unit 100 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Amalgamated Transit Union, AFL-CIO		8b. Affiliation, if any	
8c. Address 10000 New Hampshire Avenue Silver Spring, Maryland 20903		8d. Tel. No. (301)431-7100	8e. Cell No. (202) 114-4219
		8f. Fax No.	8g. E-Mail Address dsmit@atu.org

9. Date of Recognition or Certification  
November 5, 2018 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
N/A

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?  
11c. The Employer has been picketed by or on behalf of (Insert Name)  
(Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)  
February 14, 2020 13c. Election Time(s)  
5 - 7 AM and 2 - 4 PM 13d. Election Location(s)  
Safety Room

14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above

of my knowledge and belief.

Name (Print)

(b) (6), (b) (7)(C)

Title (b) (6), (b) (7)(C)

Date Filed

1/29/2020

WILLFUL FALSE STATEMENT

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

151 et seq. The principal use of the information is to assist the National Labor Relations Board in processing representation and 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 a third party voluntarily, however, may cause the NLRB to decline to invoke its processes.