

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RC-237630

Date Filed

3/13/19

**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:**

PENSKE LOGISTICS

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

9597 E County Rd. 200 Plainfield, IN 46123

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

AUSTIN TOTH- Operations Manager

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

SAME

**3c. Tel. No.**

317-838-3696

**3d. Cell No.****3e. Fax No.****3f. E-Mail Address**

austin.toth@penske.com

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

Distribution and Manufacturing Facility

**4b. Principal Product or Service**

Deliver Mattresses

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

PLAINFIELD, IN

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

**Included:** All full-time and regular part time drivers, yard hikers/yard switchers that are domiciled at the employers facility in Plainfield, IN.

**Excluded:** All office clerical, professional employees, guards & supervisors as defined in The Act & all drivers, yard hikers/switchers & relay drivers that are not domiciled at the Employers Plainfield, IN facility. All mechanics, safety supervisors, warehouse employees & temporary employees operating in the employers petitioned for facility.

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

14

**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) March 13, 2019 and Employer declined recognition on or about (Date) NO REPLY (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:**

X

**8c. Tel. No.**

X

**8d. Cell No.**

X

**8e. Fax No.**

X

**8f. E-Mail Address**

X

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

X

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

X

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

X

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? No

(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) No

**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**

X

**10b. Address**

X

**10c. Tel. No.**

X

**10d. Cell No.**

X

**10e. Fax No.**

X

**10f. E-Mail Address**

X

**11. Election Details:** If the NLRB conducts and 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):**

March 29, 2019

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

Starting at 4:30am and Ending at 7:00am

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

The drivers room at the employers Plainfield, IN facility

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

TEAMSTERS LOCAL UNION NO. 135

**12b. Address (street and number, city, State and ZIP code):**1233 SHELBY ST.  
INDIANAPOLIS, INDIANA 46203**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

**12d. Tel. No.**

317-639-3541

**12e. Cell No.**

317-490-5005

**12f. Fax No.**

317-639-3378

**12g. E-Mail Address**

droach@local135.com

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

**13a. Name and Title:**Dustin T. Roach  
Teamsters Local No. 135/JC 69  
Organizer**13b. Address (street and number, city, State and ZIP code):**Attention: Dustin T. Roach  
849 S. Meridian St.  
Indianapolis, Indiana 46225**13c. Tel. No.**

317-490-5005

**13d. Cell No.**

317-490-5005

**13e. Fax No.**

317-634-5864

**13f. E-Mail Address**

droach@local.com

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)**

Dustin T. Roach

**Signature**

Dustin T. Roach

**Title**Local Union No. 135 & JC 69  
Organizer**Date**

3/13/2019

**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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
25-RD-237358

Date Filed  
3/8/19

**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: 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.**

<b>2a. Name of Employer</b> Darling Ingredients, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 202 Bengston Street IL Lynn Center 61262-	
<b>3a. Employer Representative - Name and Title</b> Joseph M Czolgosz General Manager		<b>3b. Address (If same as 2b - state same)</b> 202 Bengston Street IL Lynn Center 61262-	
<b>3c. Tel. No.</b> (309) 476-8111	<b>3d. Cell No.</b> (309) 476-8129	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jczolgosz@darlingii.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> O hers		<b>4b. Principal product or service</b> Blended meat and bone meal	
<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> Lynn Center. IL	
		<b>6a. No. of Employees in Unit:</b> 7	
		<b>6b. 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?</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> Teamsters Local 371 Daniel Barry		<b>8b. Address</b> 101 31st Avenue IL Rock Island 61201-	
<b>8c. Tel No.</b> (309) 787-4456	<b>8d Cell No.</b> (563) 340-0503	<b>8e. Fax No.</b> (309) 787-4888	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b> Inetrnational brotherhood of teamsters		<b>8h. Date of Recognition or Certification</b> 05/01/2016	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 04/30/2019	

**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 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>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election. <b>11b. Election Date(s):</b> any		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail <b>11d. Election Location(s):</b> any	
<b>11c. Election Time(s):</b> any		<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)	

**12a. Full Name of Petitioner** (b) (6), (b) (7)(C)  
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** (b) (6), (b) (7)(C)  
Teamsters Local 371

<b>12d. Tel No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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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>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</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>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b>	<b>Date</b> 02/27/2019 19:34:15
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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

Employees Included  
Laborers

Employees Excluded  
Clerical, supervisory, interns, temporary employees, and non-working foremen

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
PETITION

FORM EXEMPT UNDER 44 U.S.C.

DO NOT WRITE IN THIS SPACE

Case No.  
25-RD-238741Date Filed  
3/29/19

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- ☐ 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.
- ☐ RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☒ RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. \_\_\_\_\_
- ☐ AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. \_\_\_\_\_. Attach statement describing the specific amendment sought.

2. Name of Employer MDE, LLC dba McDermott Excavating		Employer Representative to contact Tara Duggan	Tel. No. 5635834633
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14407 HWY 20 West		Fax No. 5635835858	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Excavating Contractor	4b. Identify principal product or service Excavating	Cell No.	e-Mail
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included International Union of Operating Engineers, Local Union No. 234 Excluded		6a. Number of Employees in Unit: Present 6 Proposed (By UC/AC)	
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)		6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC	

7a. <input type="checkbox"/> 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. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) Brian Vaske		Affiliation IUOE 234	
Address		Tel. No.	Date of Recognition or Certification
		Cell No.	Fax No.
9. Expiration Date of Current Contract. If any (Month, Day, Year) 04/30/19		10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) _____, a labor organization, of (Insert Address) _____ Since (Month, Day, Year) _____			
12. Organizations or individuals other than Petitioner (and 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 unit described in item 5 above. (If none, so state)			
Name	Address	Tel. No.	Fax No.
		Cell No.	e-Mail
13. Full name of party filing petition (If labor organization, give full name, including local name and number)			
14a. Address (street and number, city, state, and ZIP code)		14b. Tel. No. EXT	14c. Fax No.
		14d. Cell No.	14e. e-Mail
15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization)			

I declare the statements are true		(b) (6), (b) (7)(C)	
Name	(b) (6), (b) (7)(C)	Title	(b) (6), (b) (7)(C)
Address (street and number, city, state, and ZIP code)	(b) (6), (b) (7)(C)	Tel. No.	
		Cell No.	
		Fax No.	
		e-Mail	(b) (6), (b) (7)(C)

## PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RM-238114

Date Filed

3/21/19

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:</b> Illinois Plumbing & Heating Supply Company, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4725 West Wabash Avenue, Springfield, Illinois 62711
<b>3a. Employer/Petitioner Representative - Name and Title:</b> Richard V. Stewart, Jr.	<b>3b. Address (if same as 2b - state same):</b> 1224 Centre West Drive, Suite 200E, Springfield, Illinois 62704

<b>3c. Tel. No.</b> (217) 679-0919	<b>3d. Cell No.</b> (217) 299-8116	<b>3e. Fax No.</b> (314) 862-7010	<b>3f. E-Mail Address</b> rickstewart@hessemartone.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Wholesaler	<b>4b. Principal Product or Service</b> Plumbing and Heating Supplies
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<b>5a. Description of Unit Involved:</b> Included: Warehousemen and Truck Drivers Excluded: All other employees	<b>5b. City and State where unit is located:</b> Springfield, Illinois
	<b>6. Number of Employees in Unit:</b> 5

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

- ☐ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_  
☒ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Professional & Technical Employees Local No. 916	<b>8b. Affiliation, if any:</b> Teamsters
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<b>8c. Address:</b> 3361 Teamster Way Springfield, Illinois 62707	<b>8d. Tel. No.</b> (217) 522-7932	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> (217) 522-9492	<b>8g. E-Mail Address</b> p.d.g.@teamsters916.org

<b>9. Date of Recognition or Certification</b> Unknown At least since 1976	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 4/20/19
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<b>11. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="radio"/> If so, approximately how many employees are participating? <u>N/A</u> (Name of Labor Organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u>
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**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**  
None

<b>12a. Name and affiliation if any</b> None	<b>12b. Address</b> None	<b>12c. Tel. No.</b> None	<b>12d. Cell No.</b> None
		<b>12e. Fax No.</b> None	<b>12f. E-Mail Address</b> None

<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: From the standpoint of accessibility to voters Employer's premises are best	<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>13b. Election Date(s):</b> April 17 2019	<b>13c. Election Time(s):</b> 7:30 a.m. or 4:00 p.m.	<b>13d. Election Location(s):</b> Employer's Premises
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<b>14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>14a. Name and Title:</b> Richard V. Stewart, Jr. Attorney for Employer	<b>14b. Address (street and number, city, State and ZIP code):</b> 1224 Centre West Drive, Suite 200E, Springfield, Illinois 62704

<b>14c. Tel. No.</b> (217) 679-0919	<b>14d. Cell No.</b> (217) 299-8116	<b>14e. Fax No.</b> (314) 862-7010	<b>14f. E-Mail Address</b> rickstewart@hessemartone.com
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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> Richard V. Stewart Jr	<b>Signature</b> 	<b>Title</b> Attorney for Petitioner	<b>Date</b> 3/21/19
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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

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