FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE					
Case No.		Date Filed			
1	18-RC-252843	12/5/19			

									12,0	., .,
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition m named in th	ust be accomp e petition of: (*	panied by 1) the pe	y both a sh tition; (2) S	owing of Interest (see tatement of Position (66 below) and form (Form NL	l a certificat RB-505); an	e of service s d (3) Descript	howing stion of Rep	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	to be certified a	s represe	ntative of the	ne employees. The Pet	itioner alleges	that the foll	wing circum	stances e	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) involv	ed (Street and)	umber City	State ZIP co	qe).	
Shred-it			1		endale Dr. New	•		0.0.0, 2		
3a. Employer Representative - Nan	ne and Title:		3b. Add	ress (if sam	e as 2b - state same):		•			
Jason Theodozio				,	•					
3c. Tel. No. 414-939-0088	3d. Cell No. N/A			3e. Fax No N/A		3f. E-Mail A N/A				
4a. Type of Establishment (Factory, I	mine, wholesa	der, etc.)			al Product or Service		1 -	d State where		ated:
Document Recycling				Docum	ent Shredding		New Ber	in, Wiscons	in	
5b. Description of Unit Involved: Included: All full time and regular p) //////	CCD W	anah ayyaa/Shmad	Cmanialist	6a. Numbe	r of Employee	s in Unit:	
	oart ume e	improyee L	JIIVeI/	CSR, W	arenouse/Smed	Specialist	Ch Door	hatantial num	har (200/	or more)
Excluded: All other employees, guards, and supervisors as do Check One: 7a. Request for recognition as Bargaining Represent						,,,	of the e	ibstantial num mployees in the nted by the Pe	ne unit wis etitioner?	<u>h t</u> o be
Check One: 7a. Request for reconnect (Date)	ognition as B N/A			was made ceived, so		/A an	a Employer o	eclined recogn	nition	
☐ 7b. Petitioner is cur				-	•	under the Act.				
8a. Name of Recognized or Certific					Idress:					
None				N/A						
8c. Tel. No.	8d. Cell No.			8e. Fax No).	8f. E-Mail A	ddress			
N/A	N/A			N/A		N/A	N/A			
8g. Affiliation, if any:			8h	. Date of R	ecognition or Certificati					
N/A			N	N/A Recent Contract, if any (Month, Day, Year) N/A						
9. Is there now a strike or picketing a	t the Employe	r's establishme	nt(s) invo	lved? No	If so, approxi	mately how mar	y employee:	are participat	ting?	N/A
(Name of Labor Organization)			N/A	110		•		er since (Monti		
10. Organizations or individuals other	thon Potition	or and these no		ome 9 and	0 which have daimed					
individuals known to have a repre									gamzado	is and
10a. Name	1	0b. Address				10c. Tel. No	o	10d. Cell No.		
N/A		N/A				N/A		N/A		
				10		10e. Fax N	10e. Fax No.		10f. E-Mail Address	
						N/A		N/A		
11. Election Details: If the NLRB co	nducts and el	ection in this ma	atter, stat	e your posi	tion with respect to any	such election:	11a. Election	Type:		
						- 1	Manua	I Mail	Mixed	d Manual/Mail
11b. Election Date(s):		1c. Election Tir				11d. Election	n Location(s):		
12-23-2019,	1	0545-0745,	, 1100-	1200		Classro				
12a. Full Name of Petitioner (include	fing local nam	e and number):	:		12b. Address (street a	and number, city	, State and 2	IP code):		
Jared A. Wolski					6200 W. Bluen	nound Rd.	Milwauk	ee, Wiscon	nsin 53	213
12c. Full name of national or internat						none, so state)	:			
International Brotherhood			ral Loc							
12d. Tel. No.	12e. Cell No			12f. Fax N		12g. E-Mail		1 100		
414-771-6363	414-731			414-77				rslocal20	U.com	
13. Representative of the Petitione 13a. Name and Title:	r who will ac	cept service of	f ali pape		ooses of the represent ess (street and number,					
Tim Pinter, President					. Bluemound Rd.	-	-	3		
13c. Tel. No.	13d. Cell No			13e. Fax N	ło.	13f. E-Mail	Address			
414-771-6363	N/A				1-5850	1		rslocal200).com	
I declare that I have read the above		that the state	mente				,			
Name (Print)	-	Signatur		////	1101	Title				Date
Jared A. Wolski			·/e/	111	W	Business R	epresent	ative		12-05-019
				-	,					

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
18-RD-253015	December 9, 2019			

INSTRUCTIONS: Unless e-Filed using to located. The petition must be accompa- in the petition of: (1) the petition; (2) Sta interest should only be filed with the NI	nied by both a showi atement of Position fo	ing of interest (see orm (Form NLRB-50	6b below) and a certificate 05); and (3) Description of	of service showing s Representation Case	service on the e	mployer and all other parties named		
PURPOSE OF THIS PETITION: RE recognized bargaining representative Labor Relations Board proceed ur	e is no longer their rep	prèsentative. The lority pursuant to S	Petitioner alleges that the Section 9 of the National I	following circumst Labor Relations Act	ances exist an	nd requests that the National		
2a. Name of Employer Metal Ware Corp.		2b. Ad 1700 Wi Ts	ddress(es) of Establishment(s) involved (Street and number, city, State, ZIP code)) Monroe St, wo Rivers 54241-					
3a. Employer Representative – Name	and Title		3b. Address (If same as	2b – state same)				
Rachel Suttner Human Resources			1700 Monroe St. WI Two Rivers 54241-					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	Iress		
(920) 794-3185	(920) 901-7034				rsuttner@nesc	co.com		
4a. Type of Establishment (Factory, mir								
Misc. Fabricated Products Manufacturing						Two Rivers, WI		
5b. Description of Unit Involved				6a. No. of Employees in Unit:				
Included: See Attached Page 2 f	or additional details	S				6b. Do a substantial number (30%		
						or more) of the employees in he		
						unit no longer wish to be		
Excluded: See Attached Page 2 for	or additional details	S				represented by the cer ified or currently recognized bargaining		
						representative? Yes No		
Check One: 7a. Request for	or recognition as Baro	naining Representa	tive was made on (Date)_	an	d Employer ded	lined recognition on or about		
	-	(If no reply receive				3		
7b. Petitioner		. ,,	epresenta ive and desires	certification under the	Act.			
8a. Name of Recognized or Certified	Bargaining Agent		8b. Address	1221 S.26th St.				
Steel Workers Local 125A-01				WI Manitowoc 54220				
8c. Tel No. (920) 682-8692	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress		
8g. Affiliation, if any			8h. Date of Recognition or	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most				
United Steel Workers USW				Contract, if any (Month, Day, Year) 12/31/2018				
9. Is there now a strike or picketing at the	ne Employer's establis	shment(s) involved	? If so, approx	imately how many en	nployees are pa	articipating?		
(Name of labor organization)			ceted the Employer since (I			<u> </u>		
Organizations or individuals other tr have a representative interest in any en					nd other organiz	zations and individuals known to		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond	lucts an election in thi	is matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail		
any such election.	I 11c E	lection Time(s):		11d Flortion Locat	ion/c)·	<u> </u>		
11b. Election Date(s): 12/19/2019	9:00 ar	. ,	11d. Election Location(s): Breakroom					
12a. Full Name of Petitioner (b) (6). (b) (7		<u></u>		12b. Address (stree	et and number, o) (6), (b)	city, state, and ZIP code)		
12c. Full name of national or internation	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)	o) (o), (b)	(1)(0)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12q. E-Mail A	ddress		
(b) (6), (b) (7)(C)					(b) (6), (b) (
13. Representative of the Petitioner v 13a. Name and Title	for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code)							
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	Idress		
I declare that I have read the above p	etition and that the	statements are tru	lue to the best of my know	/ledge and belief.				
Name (Print)	Signature		Title		Date			
(b) (6). (b) (7)(C)	(b) (6), (b) (7)(C)		1.00		12/5/2019	20:08:41		

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			
18-RD-253015	December 9, 2019			

Employees Included Metal Division Production and Maintenance Employees

Employees Excluded Supervisors, Admin. Forces, shipping, receiving, ROTO Division, Plastics Division and Temporary Employees

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Court Process of Chartel
> PERPORT OF THE PETIT
Labor Relations Court pr
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THE TEN STATES OF AMERICA

CO NOT WHETE IN THE	PACE		
Case No	Date Fi	ed .	
18-RD-253490	Dec	18,	20

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(Committee) 12. Organizations or reductions of the committee of the commi	House record in ductor 8 and 15 1200 Address NONE		ogration as nupressed had in least 5 above 125 Sel h	service and other on Firence, so state)	indicate in the last in the la	(ac)
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FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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18	-RC	-253	682		Decembe	er 20, 2019

ROPETITION						18-RC-	253682		December 20, 201	
INSTRUCTIONS: Unites a- employer concerned is loc the employer and all other Case Procedures (Form N	parties named in	n the petition of	r ili ino ce	dition: 191	Browing of Interest (se	f this Petition to se Sh helow) an	an NLRB d a certific	office in the Reg ate of service sh	owing service on	
PURPOSE OF THIS PET bargaining by Petitioner a requests that the Nation	TION: RC-CERTI	FICATION OF R	EPRESEN	TATIVE .	A substantial number of	f employees wis	h to be repr	esented for purpo	ses of collective	
2a. Name of Employer:			2b Add	ress(es) o	of Establishment(s) invo	lved (Street and	number, C	ly, State, ZIP cod		
Grazzini Brothers a	and Company		117	5 Eagar	n Industrial Road	l, Eaganm M	AN 5512	ii		
3a. Employer Representativ Gregory P. Grazzin			et. Add Sam		ime as 20 - state same)					
3c. Tel. No. 651-452-2700	3d, Celf A	do.	3e. Fax No. 651-452-2701			3f. E-Mail				
4a Type of Establishment (F	ertoni mina who	rolespler ain l			52-2701 Spal Product or Service	ggrazzi	ni@grazz			
Industrial Floor Covering				Tile	ADMINISTRATION OF SHELVIOR		5a, City : Eagan	and State where u	mit is located:	
Sb. Description of Unit Involuded; All Tile and Reor covering wo Excluded:		the couployer at 11	75 Eagan, In	dustrial Rd	. In Eagan, MN		da. Num 2	ber of Employees		
All office employees, magager Check One: 7s. Reques							of the repre	substantial numb employees in the sented by the Pet	tioner? X Yes No	
on or about	(17316)		fine recent re	nagived, e	() otolo)		nd Employe	r declined recogni	tion	
8a. Name of Recognized or Teamsters Local 12	Cecanies perdan	conized as Baros	aining Renc	esentative e) es./	BOT doeing and Backs	19 to 19 to 19 to	1N 5543	4		
8c. Tel. No	8d. Cell N			Se Fax I	No.	Bf. E-Mail	Bf. E-Mail Address			
763-267-6120	651-34	13-1714		763-267-6121 p		pslatter	pslattery@teamsterslocal120.org			
8g. Affliation, fany: International Brotherhoo			1	8h Date of Recognition or Certification 01/01/2017			n Bit Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019			
 is there now a strike or pict (Name of Labor Organization) 		cyar's establiatin	nent(s) invo	wed? N	O If so, approx			es are participatin		
10. Organizations or individual Individuals known to have NONC	de other than Petil	lioner and those Interest in any er	named in it inployees ir	enis 8 enc i the unit d	19, which have claimed leacribed in item 5b abo	Property Description		yer since (Month, yes and other org	Day, Year) enizations and	
10a. Name		10b. Address	24)			TOC. TEL N		1704 6400		
Teamsters Local 12	0			NE, B	laine MN 55434	763-267	-6120	10d. Cell No. 651+343-17		
				등일 가는 토로비를 문제하는데 🖡		10e. Fax N 763-267	6101	10f. E-Mail Add palattery@tean	kosa nateraloga 120.org	
11. Election Details: If the Ni We would like an expedited	ine consucus and defection process	i election in mis : as dic employe	naller, stat Fis current	e your pos ly under c	ation with respect to am contract.	y such election:	11.3	Bernard Brown and Carlot Art 1988		
11h. Election Date(s);		11c Election 1		and the control of th			on Location	(a):	Mixed Menual/Mall	
12/31/2019 12a. Full Name of Petitioner	(Inchesion Presi m	7AM		toly or			ee Breakn			
International Brothe	rhood of Tea	imsters Loc	al 1210		9422 Ulysses	St. NE, Bla	, State and nine MN	ZIP code): 55434		
12c. Full name of national or in International Brotherhoo	nternational labor of Teamsters	organization of y Local 120	vhich Petili	oner is an	effiliate or constituent (V none, so state)				
12d: Tel. No. 763-267-6120	12e. Cell 65 -34	3-1714		12f, Fax F	(7.612)	12g. E Mai				
 Representative of the Period Name and Title 	titioner who will	accept service	of all pape	re for pur	poeas of the represen	tation proceed	W Camsu	rsloca 120.org		
3a. Name and Title: Paul Slattery/Organiza				130, Addr	ress (etreer and number Ulysses St. NE Bla	r, city, State and	ZIP code):			
3c. Tel. No.	13d, Ceft (Na.		13a Fax	최 생기 마시아 그 하는데,					
763-267-6120	651-34	3.1714		762 26	7.6101	13f. E-Mail pslattery		erslocal 120.org		
declare that I have read the Name (Frmi)	above petition a	nd that the stat	enients ar	e thre to t	he best of my knowle	dge and belief.				
Paul Slattery		Signatu	". I S	Patte	Var	Title Organizer			Date	
10 1 6 3 1 30 No. 30 4 3 2 3	2012 7 mg/ no nan 1 sta		-	Anna Carlo Carlo	<u> 2000 N. K. M. M. 195 J. (S. M. 1</u> 997 - R. 🕏	Company of the Compan	伊马克斯 #277		12/20/2019	

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

Solicitation of the information on this form is authorized by the National Labor Reliations Act (NERAL 29 U.S.C. § 151 et say. The principal use of the information is to assist the National Labor Reliations Board (NERAL 29 U.S.C. § 151 et say. The principal use of the information is to assist the National Labor Reliations Board (NERAL 29 U.S.C. § 151 et say. The principal use of the information and reliable processing representation and reliable processing reliable processing representation and reliable processing representation and reliable processing reliable proc

FORM NLRB-502 (RM) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RM PETITION

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Case No.				Da	at
	18-RM-	253997		D)(

Date Filed Dec. 31, 2019

INSTRUCTIONS: Unless e Filed using the Agency's website, 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 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. 2a. Name of Employer/Petitioner: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code); Fleet Maintenance LLC. d/b/a Truck Fleet 7140 Washington Ave S. Eden Prairie, MN 55344 Maintenance, Inc. 3a. Employer/Petitioner Representative Name and Title: 3b. Address (if same as 2b - state same): Dean Hilgers, President Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 952-944-1640 952-944-6613 dhilgers@earthlink.net 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Truck repair and maintenance center Truck repair and maintenance 5a Description of Unit Involved: 5b. City and State where unit is located: All full-time and regular part-time technicians, helpers, parts employees, and service Eden Prairie, MN advisors employed by the Employer at its facility located at 7140 Washington Avenue South, Eden Prairie, MN; excluding office clerical employees, confidential 6. Number of Employees in Unit: employees, guards and supervisors as defined in the Act, and all other employees. 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) X 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8a. Name of Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any: District Lodge No. 77, IAMAW 8d, Tel. No. 8c. Address: 8e. Cell No. 651-645-7761 1010 Highway 96 E 8f. Fax No. 8g. E Mail Address Vadnais Heights, MN 55127 Union rep=John Duerscherl 651-645-7765 iduerscherl@iam77.org 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Feb 29, 2020 11. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 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) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f F Mail Address 13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election | 13a. Election Type: Mixed Manual/Mail 13b. Election Date(s): 13c. Election Time(s): 13d. Election Location(s): January 15, 2020 2 p.m. to 3 p.m. Main conference room at ER's facility. 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14a. Name and Title: 14b. Address (street and number, city, State and ZIP code): Felhaber Larson, 220 S 6th Street, Suite 2200, Mpls MN 55402 Thomas R. Trachsel, Attorney 14f. E Mail Address 14c. Tel. No. 14d. Cell No. 14e. Fax No. 612-339-6321 612-338-0535 ttrachsel@felhaber.com I declare that I have read the above petition and that the are true the est of my knowledge and belief. Name (Print) Date Thomas R. Trachsel 12/31/19 Attorney