

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

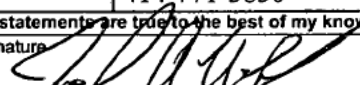
18-RC-252843

Date Filed

12/5/19

**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.

<b>2a. Name of Employer:</b> Shred-it		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 17155 W. Glendale Dr. New Berlin, Wi. 53151	
<b>3a. Employer Representative - Name and Title:</b> Jason Theodozio		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 414-939-0088	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> N/A
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Document Recycling		<b>4b. Principal Product or Service</b> Document Shredding	
<b>5a. City and State where unit is located:</b> New Berlin, Wisconsin		<b>5b. Description of Unit Involved:</b> Included: All full time and regular part time employee Driver/CSR, Warehouse/Shred Specialist Excluded: All other employees, guards, and supervisors as defined by the Act.	
<b>6a. Number of Employees in Unit:</b> 17		<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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> and Employer declined recognition on or about (Date) <u>N/A</u> (If no reply received, so state). <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> N/A	
<b>8c. Tel. No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any:</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A		<b>8j. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> 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>			
<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> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b> N/A	<b>10d. Cell No.</b> N/A
<b>10e. Fax No.</b> N/A		<b>10f. E-Mail Address</b> N/A	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 12-23-2019,		<b>11c. Election Time(s):</b> 0545-0745, 1100-1200	
<b>11d. Election Location(s):</b> Classroom		<b>11e. Election Location(s):</b> Classroom	
<b>12a. Full Name of Petitioner (including local name and number):</b> Jared A. Wolski		<b>12b. Address (street and number, city, State and ZIP code):</b> 6200 W. Bluemound Rd. Milwaukee, Wisconsin 53213	
<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 General Local Union No. 200			
<b>12d. Tel. No.</b> 414-771-6363	<b>12e. Cell No.</b> 414-731-0699	<b>12f. Fax No.</b> 414-771-5850	<b>12g. E-Mail Address</b> jwolski@teamsterslocal200.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> Tim Pinter, President		<b>13b. Address (street and number, city, State and ZIP code):</b> 6200 W. Bluemound Rd. Milwaukee, Wi. 53213	
<b>13c. Tel. No.</b> 414-771-6363	<b>13d. Cell No.</b> N/A	<b>13e. Fax No.</b> 414-771-5850	<b>13f. E-Mail Address</b> tpinter@teamsterslocal200.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> Jared A. Wolski		<b>Signature</b> 	<b>Title</b> Business Representative
<b>Date</b> 12-05-019		<b>Date</b> 12-05-019	

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.

18-RD-253015

Date Filed

December 9, 2019

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

**1. PURPOSE OF THIS PETITION: 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> Metal Ware Corp.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1700 Monroe St. WI Two Rivers 54241-	
<b>3a. Employer Representative - Name and Title</b> Rachel Suttner Human Resources		<b>3b. Address (If same as 2b - state same)</b> 1700 Monroe St. WI Two Rivers 54241-	
<b>3c. Tel. No.</b> (920) 794-3185	<b>3d. Cell No.</b> (920) 901-7034	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rsuttner@nesco.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Misc. Fabricated Products		<b>4b. Principal product or service</b> Manufacturing	
<b>5a. City and State where unit is located:</b> Two Rivers, WI			<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>6a. No. of Employees in Unit:</b> 8			<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> Steel Workers Local 125A-01		<b>8b. Address</b> 1221 S.26th St. WI Manitowoc 54220-	
<b>8c. Tel No.</b> (920) 682-8692	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b> United Steel Workers USW		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12/31/2018	

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

**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> 12/19/2019				<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> Breakroom			
<b>11c. Election Time(s):</b> 9:00 am				<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
				<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b>							

<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)
--	----------------------	---------------------	---

**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> 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 18-RD-253015	Date Filed 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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE  
Case No. 18-RD-253490  
Date Filed Dec 18, 2019

INSTRUCTIONS: Petitioners should use the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), to 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 on the employer and all other parties named in the petition. (1) Statement of Petitioner Facts (Form NLRB-604); and (2) Description of Representation Case Process (Form NLRB-605). 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 claim 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 <b>ALBRECHT SIGN Company</b>	2b. Address (Street and number, city, state, ZIP code) <b>7775 Main St NE Fridley, MN 55432</b>
3a. Employer Representative Name and Title <b>Adrian Kadue President</b>	3b. Address (Same as 2b, state only) <b>SAME</b>
4a. Tel. No. <b>763-754-2899</b>	4b. Fax No. <b>612-965-1294</b>
5a. Type of Establishment: Factory, mine, warehouse, etc. <b>Fabrication</b>	5b. Principal product or service <b>Signs Manufacturing/Installation</b>
6a. Description of Unit Involved <b>Fabrication in shop</b>	6b. City and State where unit is located. <b>Fridley, MN</b>
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 <b>INTERNATIONAL Union of Painters and Allied Trades 880</b>	8b. Address <b>3205 country dr, LTHE Canada MN. 55117</b>
9a. Tel. No. <b>651-224-5480</b>	9b. Fax No. <b>612-325-7805</b>
10a. Tel. No. <b>651-224-5486</b>	10b. E-Mail Address <b>telling@iupa88.org</b>
11. Date of Recognition or Certification <b>2016</b>	12. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>Feb 28 2020</b>

13a. Is there any strike or picketing of the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13b. If so, approximately how many employees are participating?
14a. The Employer has been picketed by or on behalf of (Insert Name) _____ since (Month, Day, Year) _____	
14b. Organizations or individuals other than those named in 14a 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 6 above. (If none, so state)	
15a. Name <b>NONE</b>	15b. Address <b>NONE</b>
15c. Tel. No.	15d. Fax No.
15e. E-Mail Address	
16. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	17. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
18a. Election Date(s) <b>1-3-2020</b>	18b. Election Time(s) <b>10am</b>
18c. Election Location(s) <b>ALBRECHT Sign Company</b>	

19a. Name <b>(b) (6), (b) (7)(C)</b>	19b. Address <b>(b) (6), (b) (7)(C)</b>
19c. Tel. No. <b>(b) (6), (b) (7)(C)</b>	19d. Fax No. <b>(b) (6), (b) (7)(C)</b>
19e. E-Mail Address <b>(b) (6), (b) (7)(C)</b>	

20. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceedings.	21. Name
22. Address (Street and number, city, state, ZIP code)	23. Tel. No.
	24. Fax No.
	25. 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.	
26. Name <b>(b) (6), (b) (7)(C)</b>	27. Address <b>(b) (6), (b) (7)(C)</b>
28. Tel. No. <b>(b) (6), (b) (7)(C)</b>	29. Fax No. <b>(b) (6), (b) (7)(C)</b>
30. E-Mail Address <b>(b) (6), (b) (7)(C)</b>	

WITNESSE MY HAND AND SEAL OF OFFICE ON THIS PETITION CAN BE FORWARDED BY FAX AND THE SIGNER'S (LOCAL CODE, TITLE 11, SECTION 1105)

PRIVACY ACT STATEMENT  
Collection 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 election proceedings in Region. The public use of the information is set forth in the Federal Register, 71 Fed. Reg. 74624-43 (Dec. 13, 2006). Other uses of the information are set forth in the NLRB's privacy policy, which is available on the NLRB's website at [www.nlrb.gov/privacy](http://www.nlrb.gov/privacy).



FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-253682

Date Filed

December 20, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5a below) and a certificate of service showing service on the employer and all other parties named in the petition at: (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: Grazzini Brothers and Company		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1175 Eagan Industrial Road, Eagan MN 55121	
3a. Employer Representative - Name and Title: Gregory P. Grazzini		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 651-452-2700	3d. Cell No.	3e. Fax No. 651-452-2701	3f. E-Mail Address ggrazzini@grazzini.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industrial Floor Covering		4b. Principal Product or Service Tile	
5a. City and State where unit is located: Eagan, MN		5b. Number of Employees in Unit: 2	
6a. Description of Unit Involved: Included: All Tile and floor covering workers employed by the employer at 1175 Eagan Industrial Rd. in Eagan, MN Excluded: All office employees, managers, supervisors and guards and all other employees as defined by the act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition. <input checked="" 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) Teamsters Local 120		8b. Address: 9422 Ulysses St. NE Blaine MN 55434	
8c. Tel. No. 763-267-6120	8d. Cell No. 651-343-1714	8e. Fax No. 763-267-6121	8f. E-Mail Address pslattery@teamsterslocal120.org
8g. Affiliation, if any: International Brotherhood of Teamsters Local 120		8h. Date of Recognition or Certification 01/01/2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> 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 representative 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 Teamsters Local 120		10b. Address 9422 Ulysses St. NE, Blaine MN 55434	
10c. Tel. No. 763-267-6120		10d. Cell No. 651-343-1714	
10e. Fax No. 763-267-6121		10f. E-Mail Address pslattery@teamsterslocal120.org	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: We would like an expedited election process as the employer is currently under contract.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): 12/31/2019	
11c. Election Time(s): 7AM		11d. Election Location(s): Employee Breakroom	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 1210		12b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE, Blaine MN 55434	
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 120			
12d. Tel. No. 763-267-6120	12e. Cell No. 651-343-1714	12f. Fax No. 763-267-6121	12g. E-Mail Address pslattery@teamsterslocal120.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Paul Slattery/Organizer		13b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE Blaine MN 55434	
13c. Tel. No. 763-267-6120	13d. Cell No. 651-343-1714	13e. Fax No. 763-267-6121	13f. E-Mail Address pslattery@teamsterslocal120.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) Paul Slattery		Signature Paul Slattery	
Title Organizer		Date 12/20/2019	

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. 74042-43 (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  
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

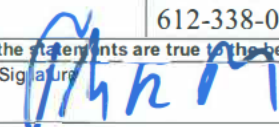
18-RM-253997

Date Filed

Dec. 31, 2019

**INSTRUCTIONS:** Unless e Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by 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> Fleet Maintenance LLC. d/b/a Truck Fleet Maintenance, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 7140 Washington Ave S. Eden Prairie, MN 55344	
<b>3a. Employer/Petitioner Representative Name and Title:</b> Dean Hilgers, President		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 952-944-1640	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 952-944-6613	<b>3f. E-Mail Address</b> dhilgers@earthlink.net
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Truck repair and maintenance center		<b>4b. Principal Product or Service</b> Truck repair and maintenance	
<b>5a. Description of Unit Involved:</b> All full-time and regular part-time technicians, helpers, parts employees, and service advisors employed by the Employer at its facility located at 7140 Washington Avenue South, Eden Prairie, MN; <b>excluding</b> office clerical employees, confidential employees, guards and supervisors as defined in the Act, and all other employees.			<b>5b. City and State where unit is located:</b> Eden Prairie, MN
			<b>6. Number of Employees in Unit:</b> 16
Unless a charge alleging a violation of Section 8(b)(7) is pending, check <b>EITHER</b> item 7a or 7b, whichever is applicable <input type="checkbox"/> 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____ <input checked="" type="checkbox"/> 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> District Lodge No. 77. IAMAW			<b>8b. Affiliation, if any:</b>
<b>8c. Address:</b> 1010 Highway 96 E Vadnais Heights, MN 55127 Union rep=John Duerscherl		<b>8d. Tel. No.</b> 651-645-7761	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> 651-645-7765	<b>8g. E Mail Address</b> jduerscherl@iam77.org
<b>9. Date of Recognition or Certification</b>			<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> Feb 29, 2020
<b>11. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> 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) _____			
<b>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)</b>			
<b>12a. Name and affiliation if any</b>		<b>12b. Address</b>	<b>12c. Tel. No.</b>
			<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E Mail Address</b>
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election			<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>13b. Election Date(s):</b> January 15, 2020		<b>13c. Election Time(s):</b> 2 p.m. to 3 p.m.	
<b>13d. Election Location(s):</b> Main conference room at ER's facility.			
<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> Thomas R. Trachsel, Attorney		<b>14b. Address (street and number, city, State and ZIP code):</b> Felhaber Larson, 220 S 6th Street, Suite 2200, Mpls MN 55402	
<b>14c. Tel. No.</b> 612-339-6321	<b>14d. Cell No.</b>	<b>14e. Fax No.</b> 612-338-0535	<b>14f. E Mail Address</b> ttrachsel@felhaber.com
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> Thomas R. Trachsel		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 12/31/19	

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

## PRIVACY ACT STATEMENT

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