

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

18-RC-259917

Date Filed

May 04, 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**

Elplast America

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

795 Enterprise Drive, Marion, IA 52302 Linn County

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

Mike Burton, Operations Manager

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

SAME

**3c. Tel. No.**

(630) 484-6190

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

Factory

**4b. Principal product or service**

Plastic Closure/Zipper Mfr.

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

Marion, IA

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time Production and Maintenance employees including quality, and warehouse workers and leads, employed by the employer at their 795 Enterprise Drive, Marion, Iowa location.

**Excluded:** All other employees including, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act, as amended.

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

17

**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). Petition to serve as request.



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

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

None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

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

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

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

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

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

May 25, 2020

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

N/A

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

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

District Lodge 6, International Association of Machinists & Aerospace Workers AFL-CIO

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

1901 S. Meyers Road, Oakbrook Terrace, IL 60181

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

International Association of Machinists & Aerospace Workers AFL-CIO

**12d. Tel No.**

815-280-6400

**12e. Cell No.**

815-214-4587

**12f. Fax No.**

815-280-6345

**12g. E-Mail Address**

wlepinske@iamaw.org

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

**13a. Name and Title** William J. Lepinske, Grand Lodge Representative

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

1901 S. Meyers Road, Oakbrook Terrace, IL 60181

**13c. Tel No.**

815-280-6400

**13d. Cell No.**

815-214-4587

**13e. Fax No.**

815-280-6345

**13f. E-Mail Address**

wlepinske@iamaw.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)**

William J. LePinske

**Signature**



**Title**

Grand Lodge Representative

**Date**

May 4, 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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>18-RC-260134</b>	Date Filed <b>May 8, 2020</b>

**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 <b>ADT Security Services, INC</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>1809 Milton Ave, Janesville, WI 53545</b>
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3a. Employer Representative - Name and Title <b>Matt Ides-Service Manager</b>	3b. Address (If same as 2b - state same) <b>Same</b>
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3c. Tel. No. <b>608-216-2292</b>	3d. Cell No. <b>224-531-9130</b>	3e. Fax No.	3f. E-Mail Address <b>mrdes@adt.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Security Installation facility</b>	4b. Principal product or service <b>Install, maintain and service electronic security systems.</b>	5a. City and State where unit is located: <b>Janesville, WI</b>
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5b. Description of Unit Involved <b>Included: Service Technicians, Install Technicians, Lead Install Technicians, Lead Service Technicians, Service Technician Trainees, Install Technician Trainees</b> <b>Excluded: Supervisory, Managerial, Confidential employees, and Guards as defined by the ACT and all other employees.</b>	6a. No. of Employees in Unit. <b>11</b>	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **5/8/2020** and Employer declined recognition on or about **No Reply** (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). <b>None</b>	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? **N/A**  
(Name of labor organization) **N/A** has picketed the Employer since (Month, Day, Year) **N/A**

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): <b>As soon as reasonably possible</b>	11c. Election Time(s): <b>Normal working hours</b>	11d. Election Location(s): <b>1809 Milton Ave, Janesville, WI 53545</b>
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12a. Full Name of Petitioner (including local name and number) <b>International Brotherhood of Electrical Workers Local 364</b>	12b. Address (street and number, city, state, and ZIP code) <b>6820 Mill Rd, Rockford, IL 61108</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Brotherhood of Electrical Workers</b>
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12d. Tel. No. <b>202-833-7000</b>	12e. Cell No.	12f. Fax No. <b>202 728-7676</b>	12g. E-Mail Address <b>agreements@ibew.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Brad Williams Membership Development Coordinator</b>	13b. Address (street and number, city, state, and ZIP code) <b>6820 Mill Rd, Rockford, IL 61108</b>
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13c. Tel. No. <b>815-398-6282 ext 228</b>	13d. Cell No. <b>Same</b>	13e. Fax No. <b>815 398-1203</b>	13f. E-Mail Address <b>bwilliams@ibew364.net</b>
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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.

Name (Print) <b>Brad Williams</b>	Signature 	Title <b>Membership Development Coordinator</b>	Date <b>May 8th, 2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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



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

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-260136

Date Filed

May 8, 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 Fairview Range Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 750 E. 34th Street, Hibbing, MN 55746	
3a. Employer Representative - Name and Title Mitch Vincent, Director of Human Resources		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (218) 262-4882	3d. Cell No. (218) 969-8296	3e. Fax No.	3f. E-Mail Address mvincent1@range.fairview.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Medical Care	
5a. City and State where unit is located: Hibbing, MN			5b. Description of Unit Involved Included: Hospital Techs: Lab, Phlebotomy, X-ray, Ultrasound, MRI, Diag. Image, CT/Image, Radiology, Radiation, Nuclear, Mammography Excluded: Supervisors
6a. No. of Employees in Unit: 39			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Mail ballots on May 27, 2020	11c. Election Time(s): MAIL	11d. Election Location(s): MAIL
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12a. Full Name of Petitioner (Including local name and number)  
Thor Backus, (AFSCME Council 65)

12b. Address (street and number, city, state, and ZIP code)  
1322 Eleanor Avenue, ST PAUL MN, 55116

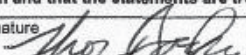
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
American Federation of State, County and Municipal Employees

12d. Tel. No. (612) 619-2542	12e. Cell No. (612) 619-2542	12f. Fax No. (218) 885-3245	12g. E-Mail Address tbackus@afscme65.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Thor Backus / Lead Organizer, AFSCME Council 65		13b. Address (street and number, city, state, and ZIP code) 1322 Eleanor Avenue, ST PAUL MN, 55116	
13c. Tel. No. (612) 619-2542	13d. Cell No. (612) 619-2542	13e. Fax No. (218) 885-3245	13f. E-Mail Address tbackus@afscme65.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) Thor Backus	Signature 	Title Lead Organizer	Date May 8, 2020
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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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-260153

Date Filed

5/8/2020

**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> Profile Finishing Systems		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1901-A South Prairie Avenue Waukesha, WI 53189	
<b>3a. Employer Representative - Name and Title:</b> Chris Knuth, President		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 262-522-6800	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 262-513-2837	<b>3f. E-Mail Address</b> office@profilefinishing.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory		<b>4b. Principal Product or Service</b> Painting & coating industrial parts	<b>5a. City and State where unit is located</b> Waukesha, WI
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached. <b>Excluded:</b> All guards & supervisors as defined by the Act.			<b>6a. Number of Employees in Unit</b> 26 <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
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act			
<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: See attached			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 5/18/20		<b>11c. Election Time(s):</b> 5/28/20 return ballots & counting	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> IUPAT District Council No. 7		<b>12b. Address (street and number, city, State and ZIP code):</b> S68 W22665 National Avenue, P.O. Box 189 Big Bend, WI 53103	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Painters & Allied Trades			
<b>12d. Tel. No.</b> 262-662-1820	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<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> Steven Schreiner, Director of Organizing		<b>13b. Address (street and number, city, State and ZIP code):</b> S68 W22665 National Avenue, P.O. Box 189, Big Bend, WI 53103	
<b>13c. Tel. No.</b> 262-662-1820	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> steve@iupatdc7.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> Steve Schreiner		<b>Signature</b> /s/ Steve Schreiner	<b>Title</b> Director of Organizing <b>Date</b> 05/08/20

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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## **RC PETITION**

**Re: Profile Finishing Systems**

5b. Description of Unit Involved:

All full-time and regular part-time production employees of the employer at its Waukesha, Wisconsin facility.

11. Election Details:

Petitioner seeks a mail ballot election with 10 days between the mailing and the counting of ballots.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-260318

Date Filed

May 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:**

TDS Metrocom

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

7208 Synergy Ct., Suite B, Schofield, WI 54476

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

Charles Beatty, Area Manager

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

Same

**3c. Tel. No.**

715-841-9666

**3d. Cell No.**

715-899-0743

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

Charles.beatty@tdstelecom.com

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

Telecommunications

**4b. Principal Product or Service**

Telecommunications Products and Servi

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

Synergy, WI

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

See Attachment

**Excluded:**

See Attachment

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

8

**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) 5-13-2020 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)****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

**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:

6-8-2020

**11a. Election Type:**☐ Manual ☒ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

6-8-2020

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

11:00AM-1:00PM

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

Employer address

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

Communications Workers of America, District 4

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

20525 Center Ridge Rd., Suite 700, Cleveland, OH 44116

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

Communications Workers of America

**12d. Tel. No.**

440-333-6363

**12e. Cell No.**

812 797-7345

**12f. Fax No.**

440-333-1491

**12g. E-Mail Address**

jhawkins@cwa-union.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****13a. Name and Title:**

Justin Hawkins, Senior Campaign Lead

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

2629 Waterfront Parkway East Dr., Suite 365, Indianapolis, IN 46214

**13c. Tel. No.**

317 297 3047

**13d. Cell No.**

812-797-7345

**13e. Fax No.**

317 297-3051

**13f. E-Mail Address**

jhawkins@cwa-union.org

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

**Name (Print)**

Justin Hawkins

**Signature****Title**

Senior Campaign Lead

**Date**

5-13-2020

**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 may cause the NLRB to decline to invoke its processes.

## TDS Metrocom Schofield, WI Unit Description

Including: All Part-time and Full-time employees of TDS Metrocom in Schofield, WI in the titles of Field Service Technician, Network Specialist and Field Services Assistant.

Excluding: All other employees, managers, supervisors and others excluded per the Act.



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

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-260436 Date Filed May 15, 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.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Roy C. Inc		<b>2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)</b> 11010 Lamont Ave NE MN Hanover 55341-	
<b>3a. Employer Representative - Name and Title</b> David Boily		<b>3b. Address (if same as 2b - state same)</b>	
<b>3c. Tel. No.</b> (763) 497-5455	<b>3d. Cell No.</b> (612) 770-1981	<b>3e. Fax No.</b> (763) 497-5466	<b>3f. E-Mail Address</b> daveb@roycinc.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Construction		<b>4b. Principal product or service</b> Installation and service of automatic doors	
		<b>5a. City and State where unit is located:</b> Hanover, MN	
<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> 11 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b.</b> 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:</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> 06/02/2020	<b>11c. Election Time(s):</b> 7 A.M.		<b>11d. Election Location(s):</b> Roy C. INC. Shop location 11010 Lamont AVE NE, Hanover, MN 55341
<b>12a. Full Name of Petitioner (including local name and number)</b> Brady Nels Nelson International Union of Painters and Allied Trades District Council 82		<b>12b. Address (street and number, city, state, and ZIP code)</b> 3205 Country Drive MN Little Canada 55117-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Union of Painters and Allied Trades			
<b>12d. Tel No.</b> (651) 224-5480	<b>12e. Cell No.</b> (651) 236-7615	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> bnelson@iupat82.org
<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> Brendan Cummins Cummins and Cummins LLP		<b>13b. Address (street and number, city, state, and ZIP code)</b> 920 2nd Ave S #1245 MN Minneapolis 55402-	
<b>13c. Tel No.</b> (612) 465-0108	<b>13d. Cell No.</b> (612) 709-6878	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> brendan@cummins-law.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> Brady Nels Nelson	<b>Signature</b> Brady Nels Nelson	<b>Title</b> Director of Organizing	<b>Date</b> 05/15/2020 10:18:42

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.



**DO NOT WRITE IN THIS SPACE**

Attachment

Case

18-RC-260436

Date Filed

May 15, 2020

**Employees Included**

All full time and regular part time automatic door technicians

**Employees Excluded**

Office and clerical employees, managers and supervisors as defined in the act, guards, janitorial employees, engineers and all other employees

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

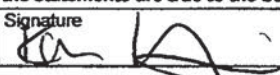
18-RC-260491

Date Filed

May 15, 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: Lake Region Healthcare		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 712 S Cascade St, Fergus Falls, MN 56537	
3a. Employer Representative - Name and Title: Ryan Hoyt Human Resources Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 218.736.8000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rhoyt@lrhc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Fergus Falls, Minnesota
5b. Description of Unit Involved: Included: All full time and part time employees in the technical bargaining unit Excluded: Managers, Supervisors and other employees			6a. Number of Employees in Unit: 82
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) 05/15/20 and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <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 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: Mail ballot election-mailed out June 5 and returned June 19			
11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s):		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Minnesota		12b. Address (street and number, city, State and ZIP code): 345 Randolph Ave, Suite 100, Saint Paul, Minnesota 55102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No.	12e. Cell No. 651-747-7158	12f. Fax No.	12g. E-Mail Address kassie.hobbs@seiuhcmn.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kassie Hobbs, Organizing Director		13b. Address (street and number, city, State and ZIP code): 345 Randolph Ave, Suite 100, Saint Paul, MN 55102	
13c. Tel. No. 651-747-7158	13d. Cell No. 651-747-7158	13e. Fax No.	13f. E-Mail Address kassie.hobbs@seiuhcmn.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) Kassie Hobbs	Signature 	Title Organizing Director	Date 5/15/2020

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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-261000

Date Filed

May 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 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:**  
United Natural Foods Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1000 Eagle Ridge, Prescott WI. 54021

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

James Phernetton

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

Same

**3c. Tel. No.**

715-262-8634

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

**4b. Principal Product or Service**  
Produce

**5a. City and State where unit is located:**  
Prescott, WI. 54021

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

Included:  
All Drivers

Excluded:

Warehouse, Mechanics, Administration, Clericals and Supervisors as defined in the act

**6a. Number of Employees in Unit:**  
42

**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.

By this Petition

**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?** \_\_\_\_\_ 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: Would like multiple dates as drivers are coming and going on a regular basis

**11a. Election Type:**

☐ Manual ☐ Mail ☒ Mixed Manual/Mail

**11b. Election Date(s):**  
6/4, 8 & 11/2020

**11c. Election Time(s):**  
4th and 11th 11-2pm, 8th 2 to 4am

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

**12a. Full Name of Petitioner (including local name and number):**  
Teamsters General Union Local 662

**12b. Address (street and number, city, State and ZIP code):**  
850 HWY 153 Suite D, Mosinee, WI. 54455

**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.**  
715-693-4536

**12e. Cell No.**  
715-577-0518

**12f. Fax No.**  
715-693-4526

**12g. E-Mail Address**  
eauclaire@teamsters662.com

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

**13a. Name and Title:**  
Tim Wentz, Secretary Treasurer

**13b. Address (street and number, city, State and ZIP code):**  
W9490 300th Ave. Hager City, WI. 54014

**13c. Tel. No.**

**13d. Cell No.**  
715-577-0518

**13e. Fax No.**

**13f. E-Mail Address**  
twentz82@yahoo.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)  
Tim Wentz

Signature

Tim Wentz

Title  
Secretary Treasurer

Date  
5/19/2020

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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RD-260247

Date Filed

May 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.

<b>1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - 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> Twin City Chromium Plating		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 641 NE Hoover St, Minneapolis, MN 55413	
<b>3a. Employer Representative - Name and Title</b> Ben Minger -CEO		<b>3b. Address (If same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> (612) 331-8895	<b>3d. Fax No.</b> (612) 331-3926	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b> ben@twincityplating.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Plating shop		<b>4b. Principal product or service</b> metal finishing	
<b>5a. Description of Unit Involved</b> <b>Included:</b> platers/rackers/packers/shipping&receiving/maskers <b>Excluded:</b> maintenance/management			<b>5b. City and State where unit is located:</b> Minneapolis, Minnesota
<b>6. No. of Employees in Unit</b> 18	<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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> Teamsters Local 970		<b>8b. Affiliation, if any</b>	
<b>8c. Address</b> 3001 University Ave SE Suite 300, Minneapolis, MN 55414		<b>8d. Tel. No.</b> (612) 331-6633	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> (612) 331-2631	<b>8g. E-Mail Address</b>
<b>9. Date of Recognition or Certification</b>		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 07/31/2020	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b> (Insert Address)		a labor organization, of since (Month, Day, Year)	
<b>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)</b>			
<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell 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. Approve		<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s)</b> 05/19/2020	<b>13c. Election Time(s)</b> 10:00 AM	<b>13d. Election Location(s)</b> Twin City Plating	
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)		<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b>
		<b>14d. Cell No.</b>	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b>		<b>15b. Title</b>	
<b>15c. Address (Street and number, city, state, ZIP code)</b>		<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
		<b>15f. Cell No.</b>	<b>15g. E-Mail Address</b>
<b>I declare that I have read the above petition and its contents, and I believe the facts stated therein to be true to my knowledge and belief.</b>			
<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Sig</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 05/06/2020

WILLFUL FALSE STATEMENTS ON

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