

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-251309

Date Filed
11-7-19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Persad Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5301 Butler Street Suite 100, Pittsburgh, PA 15201

3a. Employer Representative - Name and Title
Carlos Torres, Interim Executive Director

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

3c. Tel. No.
(412) 441-9786 ext. 212

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
ctorres@persadcenter.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
office/non-profit organization

4b. Principal product or service
mental health services and community programming

5a. City and State where unit is located
Pittsburgh, PA

5b. Description of Unit Involved

Included: All full-time and regular part-time professional and non-professional employees employed at the Employer's facilities located at 5301 Butler Street, Pittsburgh, PA 15201 and 59 E. Strawberry Alley, Washington, PA 15301

Excluded: All guards, and supervisors as defined in the Act

6a. No. of Employees in Unit
Approximately 23

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) by petition 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).
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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
12/4/19

11c. Election Time(s):
9:00-11:00 a.m. and 3:00-5:00 p.m.

11d. Election Location(s):
break room

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

United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

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

60 Boulevard of the Allies, Five Gateway Center Room 913 Pittsburgh, PA 15222

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

United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

12d. Tel No.

(412) 562-2529

12e. Cell No.

(412) 418-4333

12f. Fax No.

(412) 562-2555

12g. E-Mail Address

bmanzolino@usw.org

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

13a. Name and Title
Brad Manzolino, USW Organizing Counsel

13b. Address (street and number, city, state, and ZIP code)
60 Boulevard of the Allies, Five Gateway Center Room 913 Pittsburgh, PA 15222

13c. Tel No.

(412) 562-2529

13d. Cell No.

(412) 418-4333

13e. Fax No.

(412) 562-2555

13f. E-Mail Address

bmanzolino@usw.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)

Brad Manzolino

Signature

Brad Manzolino

Title

Organizing Counsel

Date

11/6/19

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 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.

06-RC-251380

Date Filed

11-7-19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Linde Gas North America LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
503 North Drive, Sewickley, PA 15143

3a. Employer Representative - Name and Title
Mike Benscoter, Manager

3b. Address (If same as 2b - state same)
503 North Drive, Sewickley, PA 15143

3c. Tel. No.
412-741-6613

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Delivery of Nitrogen Gas

5a. City and State where unit is located;
Sewickley, PA

5b. Description of Unit Involved

Included: **All full-time drivers**

Excluded: **Office clerical, supervisors, and professional employees under the Act**

6a. No. of Employees in Unit;
4

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) **by petition** 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 Known

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)

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):
TBD

11c. Election Time(s):
TBD

11d. Election Location(s):
Facility

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

General Teamsters, Chauffeurs and Helpers Local Union 249 a/w IBT

12b. Address (street and number, city, state, and ZIP code)
4701 Butler Street, Pittsburgh, PA

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.

412-682-3700

12e. Cell No.

12f. Fax No.

412-682-3732

12g. E-Mail Address

gtc@teamsters249.org

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

13a. Name and Title **Steven E. Winslow, Union Attorney**

13b. Address (street and number, city, state, and ZIP code)
Jubelirer, Pass & Intrieri, P.C., 219 Fort Pitt Boulevard, Pittsburgh, PA 15222

13c. Tel No.
412-281-3850

13d. Cell No.

13e. Fax No.
412-281-1985

13f. E-Mail Address
sw@jpilaw.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)

Steven E. Winslow

Signature



Title

Union Attorney

Date

11/7/2019

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

PRIVACY ACT STATEMENT

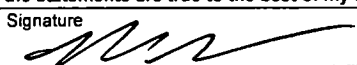
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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.
06-RC-251822Date Filed
11-15-19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: Poleset, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5535 Prosperity Pike Rd Prosperity, PA 15329	
3a. Employer Representative - Name and Title: Bruce Livingood / Owner		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 724-222-9414	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) High Voltage Utility Contractor		4b. Principal Product or Service Installation / Maintenance	
4c. City and State where unit is located: Prosperity, PA		5a. City and State where unit is located: Prosperity, PA	
5b. Description of Unit Involved: Included: see attached Excluded: see attached		6a. Number of Employees in Unit: 18 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) 11/15/2019 and Employer declined recognition on or about (Date) 11/15/2019 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 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 and election in this matter, state your position with respect to any such election: In person, secret ballot			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 12/9/2019		11c. Election Time(s): 05:00-06:30	
11d. Election Location(s): Comfort Inn 2110 N Franklin Dr Washington PA 15301			
12a. Full Name of Petitioner (including local name and number): IBEW Local Union 126		12b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers Local Union 126, AFL CIO			
12d. Tel. No. 6104891185	12e. Cell No. 4848958876	12f. Fax No.	12g. E-Mail Address msimmonds@ibewlu126.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Michael Simmonds Organizer		13b. Address (street and number, city, State and ZIP code): 3455 Germantown Pike Collegeville, PA 19426	
13c. Tel. No. 610-489-1185	13d. Cell No. 484-895-8876	13e. Fax No.	13f. E-Mail Address msimmonds@ibewlu126.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) Michael Simmonds		Signature 	Title Organizer
Date 11/15/2019			

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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Supplemental information for RC Petition IBEW 126 / POLESET, Inc

11/15/2019

Section 5b

Included:

All full time and regular part time Electric Linemen Foremen, Electric Linemen, Electric Linemen Apprentices, Electric Construction Powerline Equipment Operators, Electric Line Construction Groundhands employed on 11/15/19

Excluded:

Equipment Mechanics, Managerial employees, Shop employees, Confidential Employees, Clerical, Guards and Supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 06-RC-252250	Date Filed 11-22-19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Linde LLC Sewickely		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 503 North Drive PA Sewickley, 15143-	
3a. Employer Representative - Name and Title Mike Benscoter		3b. Address (If same as 2b - state same) 503 North Drive PA Sewickley, 15143-	
3c. Tel. No. (412) 741-6613	3d. Cell No. (000) 000-0000	3e. Fax No. (000) 000-0000	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service industrial supply Gas and Liquid & Technology	
		5a. City and State where unit is located: Sewickley, PA	

6b. Description of Unit Involved		6a. No. of Employees in Unit: 3
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): ASAP	11c. Election Time(s): AM Hours	11d. Election Location(s): TBD
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12a. Full Name of Petitioner (including local name and number) John Patrick Gaffney John Gaffney International Union of Operating Engineers Local 95	12b. Address (street and number, city, state, and ZIP code) 300 Saline Street PA Pittsburgh 15207-
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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)
International Union of Operating Engineers

12d. Tel No. (412) 422-4702	12e. Cell No. (412) 980-9134	12f. Fax No.	12g. E-Mail Address jgaffney@iuoelocal95.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 Rich Galardi Attorney Galardi Oliver & Lomupo		13b. Address (street and number, city, state, and ZIP code) Benedum Trees Building 10th Floor 223 Fourth Ave PA Pittsburgh 15222-	
13c. Tel No. (412) 391-9770	13d. Cell No. (412) 527-3050	13e. Fax No. (412) 391-9780	13f. E-Mail Address rpgilardi@lawgol.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) John Patrick Gaffney	Signature John Patrick Gaffney	Title Assistant Business Manager	Date 11/15/2019 12:50:10
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

Employees Included
Gas Cylinder Filler Techs

Employees Excluded
Managers, Drivers / Delivers

DO NOT WRITE IN THIS SPACE	
Case 06-RC-252250	Date Filed 11-22-19

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

06-RC-252515

11-27-19

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

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2a. Name of Employer Area Wide Protective (AWP) 132-Parkersburg, WV		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1537 Elizabeth Pike, Mineral Wells, WV 26150 WV Mineral Wells 26150-	
3a. Employer Representative - Name and Title Nataasha Cooper		3b. Address (If same as 2b - state same) 1537 Elizabeth Pike, Mineral Wells, WV 26150 WV Mineral Wells 26150-	
3c. Tel. No. (304) 494-1761	3d. Cell No. (304) 494-1761	3e. Fax No.	3f. E-Mail Address ncooper@awptraffic.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Traffic/Work Zone Control	
		5a. City and State where unit is located: Mineral Wells, WV	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 95
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 12/22/2019 Ballots Mailed	11c. Election Time(s): Mail Ballot	11d. Election Location(s): Mail Ballot	

12a. Full Name of Petitioner (including local name and number) Dale McCray International Brotherhood of Electrical Workers Local Union 978		12b. Address (street and number, city, state, and ZIP code) 25049 VETERANS MEM HWY WV TERRA ALTA 26764-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers			

12d. Tel No. (304) 841-2140	12e. Cell No. (304) 841-2140	12f. Fax No.	12g. E-Mail Address dale_mccray@ibew.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		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Dale McCray	Signature Dale McCray	Title International Lead Organizer	Date 11/26/2019 19:13:39
------------------------------------	---------------------------------	--	------------------------------------

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
06-RC-252515	11-27-19

Employees Included

All Protectors and Sr Protectors (aka flaggers, safety control specialists), reporting to Area Wide Protective (AWP) 132-Parkersburg, WV

Employees Excluded

All other employees, confidential employees, guards, and supervisors as defined in the Act.