

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-249291

Date Filed
10-1-19

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
Historical Society of Western Pennsylvania
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1212 Smallman Street
PA Pittsburgh 15222-

3a. Employer Representative - Name and Title
Andrew Masich
3b. Address (if same as 2b - state same)
1212 Smallman Street
PA Pittsburgh 15222-

3c. Tel. No.
(412) 454-6371
3d. Cell No.
3e. Fax No.
3f. E-Mail Address
aemasich@heinzhistorycenter.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Others
4b. Principal product or service
historical productions
5a. City and State where unit is located:
Pittsburgh, PA

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details
6a. No. of Employees in Unit:
12

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐
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? _____ 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): as soon as possible
11c. Election Time(s): 1 to 3 pm
11d. Election Location(s): Mezzanine events office

12a. Full Name of Petitioner (including local name and number)
Robert J. Brown
International Alliance of Theatrical Stage Employees Local Union No. 3
12b. Address (street and number, city, state, and ZIP code)
809 Penn Avenue
PA Pittsburgh 15222-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its territories and Canada.

12d. Tel No.
(412) 281-4568
12e. Cell No.
(412) 475-2473
12f. Fax No.
(412) 281-4571
12g. E-Mail Address
iatse3@gmail.com

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

13a. Name and Title
Ernest B. Orsatti Esq. Attorney
Rothman Gordon, P.C.
13b. Address (street and number, city, state, and ZIP code)
310 Grant Street Grant Building 3rd Floor
PA Pittsburgh 15222-

13c. Tel No.
(412) 338-1145
13d. Cell No.
(412) 523-9893
13e. Fax No.
(412) 246-1745
13f. E-Mail Address
eborsatti@rothmangordon.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)
Ernest B. Orsatti Esq.
Signature
Ernest B. Orsatti
Title
Attorney
Date
10/1/2019 14:39:54

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 06-RC-249291	Date Filed 10-1-19

Employees Included

All regular full time and regular part time stagehand employees employed at the Heinz History Center

Employees Excluded

All clerical employees, managerial employees, supervisory employees and guards as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-249880

Date Filed

October 15, 2019

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.

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 ACV Enviro		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13 Fleming Streer PA Williamsport 17702-	
3a. Employer Representative - Name and Title Richard Ziskin Esq.		3b. Address (If same as 2b - state same) 6268 Jericho Tpke, Suite 12A NY Commack 11725-	
3c. Tel. No. (631) 462-1417	3d. Cell No. (516) 965-3183	3e. Fax No.	3f. E-Mail Address richard@ziskinlawfirm.com.
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services		4b. Principal product or service Remediation	
		5a. City and State where unit is located Williamsport, PA	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit 11	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) _____ 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? _____ 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s) October 23, 2019	11c. Election Time(s) 7-9 am, 8-9 pm	11d. Election Location(s): Conference room in Employers facility
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12a. Full Name of Petitioner (including local name and number) Louis Agre Esq. International Union of Operating Engineers, Local 542	12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive PA Fort Washington 19034-
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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. (215) 542-7500	12e. Cell No. (215) 852-6548	12f. Fax No. (215) 542-7557	12g. E-Mail Address Lou.Agre@IUOE542.com
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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 Louis Agre Esq. Counsel IUOE Local 542	13b. Address (street and number, city, state, and ZIP code) 1375 Virginia Dr PA Fort Washington 19034-
13c. Tel No. (215) 542-7500	13d. Cell No. (215) 852-6548
	13e. Fax No.
	13f. E-Mail Address Agrelou@gmail.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) Louis Agre Esq.	Signature Louis Agre	Title Counsel	Date 10/10/2019 11:41:43
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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 (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

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Case

06-RC-249880

Date Filed

10-15-19

Employees Included

Mechanics, Lead Mechanics, Drivers, Field Techs, Field Tech Supervisor, Foremen,
Driver Trainer, Welder

Employees Excluded

All other employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

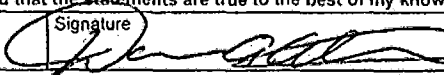
06-RC-249961

Date Filed

10-15-19

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: Ryerson		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 43 Century Drive Ambridge, Pa15003	
3a. Employer Representative - Name and Title: Mathew Knight		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 724-251-4350	3d. Cell No. 724-302-6607	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing/Warehouse		4b. Principal Product or Service Steel Coils	5a. City and State where unit is located: Ambridge, Pa
5b. Description of Unit Involved: Included: Full and regular part time hourly production, shipping and maintenance employees. Excluded: Office and clerical employees, guards, professionals and supervisors.			6a. Number of Employees in Unit: 66
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) <u>N/A</u> 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.			
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? <u> </u> (Name of Labor Organization) <u> </u> has picketed the Employer since (Month, Day, Year) <u> </u>			
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 type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): To be decided	11c. Election Time(s): To be decided	11d. Election Location(s): To be decided	
12a. Full Name of Petitioner (including local name and number): Teamsters Local 261		12b. Address (street and number, city, State and ZIP code): 351 Northgate Circle Suite A New Castle, Pa 16105	
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. 202-624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dave Alters Business Agent LU 261		13b. Address (street and number, city, State and ZIP code): 351 Northgate Circle Suite A New Castle, Pa 16105	
13c. Tel. No. 724-658-5554	13d. Cell No. 724-462-9570	13e. Fax No. 724-658-9925	13f. E-Mail Address dalters@teamsters261.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) Dave Alters	Signature 	Title Business Agent	Date 10/15/2019

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No
06-RD-249709

Date Filed
10-10-19

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: 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.

2a. Name of Employer CenturyLink		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 534 N. Thomas St. PA Bedford 15522	
3a. Employer Representative - Name and Title Robert W Hopkins Supervisor		3b. Address (If same as 2b - state same) 304 N. Market St. PA Martinsburg 16662	
3c. Tel. No. (814) 623-3668	3d. Cell No. (814) 494-4599	3e. Fax No.	3f. E-Mail Address robert.w.hopkins@centurylink.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Communications Services		4b. Principal product or service Telecommunications	
4c. City and State where unit is located Bedford, PA		5a. City and State where unit is located Bedford, PA	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 18 6b. Do a substantial number (60% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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 Communication Workers of America - Local 13000 James Gardler President		8b. Address 2124 Race St. 3rd Floor PA Philadelphia 19103	
8c. Tel. No. (215) 564-6169	8d. Cell No.	8e. Fax No. (215) 564-2520	8f. E-Mail Address jgardler@cwa13000local.org
8g. Affiliation, if any Communication Workers of America		8h. Date of Recognition or Certification 04/26/2012	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/30/2019

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

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

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): December 3, 2019	11c. Election Time(s): 9:00am	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): 317 S. Richard St. Bedford PA 15522
12a. Full Name of Petitioner (b) (6), (b) (7)(C)		12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communication Workers of America - Local 13000

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 10/2/2019 17:24:58
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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

DO NOT WRITE IN THIS SPACE

Case

06-RD-249709

Date Filed

10-10-19

Employees Included

CUSTOMER SERVICE TECH II, NETWORK COMMUNICATION TECH, CABLE
SPLICER, BUSINESS SERVICE TECH II

Employees Excluded

office clerical employees, engineer, building operations mechanic, professional
employees, and supervisors