

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
06-RC-247717

Date Filed  
9-6-19

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

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

2a. Name of Employer: Bair Foundation	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3755 Library Road, Rm 310, Pittsburgh PA 15234
--	--

3a. Employer Representative - Name and Title: Kelly Jenkins	3b. Address (if same as 2b - state same): same
--	---

3c. Tel. No. 12-341-6850	3d. Cell No.	3e. Fax No. 412-341-8622	3f. E-Mail Address kejenkins@bair.org
-----------------------------	--------------	-----------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services	4b. Principal Product or Service Social Services	5a. City and State where unit is located: Pittsburgh, PA
---	---	---

5b. Description of Unit Involved: Included: All full-time and regular part-time Case Workers, Intake Coordinators, Secretaries	6a. Number of Employees in Unit: 18
--	--

Excluded: Management employees, guards, supervisors, drivers, transportation coordinators	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: ☐ 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:
--	--------------

9c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
--------------	--------------	-------------	--------------------

9g. 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:	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
---	--

11b. Election Date(s): 10/03/2019	11c. Election Time(s): 8 am to 10 am and 1 - 2 pm	11d. Election Location(s): Conference Room, 3755 Library Rd, Pittsb
--------------------------------------	--	--

12a. Full Name of Petitioner (including local name and number): Laborers' Local Union 202R	12b. Address (street and number, city, State and ZIP code): 11951 Dr., Suite 310, Reston VA 20190
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Laborers' International Union of North America
--

12d. Tel. No. 703-860-4194	12e. Cell No.	12f. Fax No. 703-860-1865	12g. E-Mail Address bpetruska@maliuna.org
-------------------------------	---------------	------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 3a. Name and Title: Brian J. Petruska, General Counsel, LIUNA MAROC	13b. Address (street and number, city, State and ZIP code): 11951 Freedom Dr., Suite 310, VA Reston 20190
---	--

13c. Tel. No. 703-860-4194	13d. Cell No.	13e. Fax No. 703-860-1865	13f. E-Mail Address bpetruska@maliuna.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) Brian J. Petruska	Signature 	Title General Counsel	Date 9/5/19

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

Publication 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 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

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

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-247720

Date Filed

9/5/19

**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> Prosecur Command Security Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 512 Hemdon Parkway Suite A VA Hemdon 20170	
<b>3a. Employer Representative - Name and Title</b> Richard Klein		<b>3b. Address (if same as 2b - state same)</b> 512 Hemdon Parkway Suite A VA Hemdon 20170	
<b>3c. Tel. No.</b> (703) 464-4735	<b>3d. Cell No.</b> (678) 463-5485	<b>3e. Fax No.</b> (703) 543-0631	<b>3f. E-Mail Address</b> rklein@oommandsecurity.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services		<b>4b. Principal product or service</b>	
<b>5a. City and State where unit is located:</b> Pittsburgh, PA		<b>6a. No. of Employees in Unit:</b> 10	
<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>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"/></b>	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (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>	

**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)**

<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>

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

<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> Mail	<b>11c. Election Time(s):</b> Mail	<b>11d. Election Location(s):</b> Mail
--	---------------------------------------	---------------------------------------	---

**12a. Full Name of Petitioner (including local name and number)**  
Ronald A. Mikell  
National League of Justice and Security Professionals

**12b. Address (street and number, city, state, and ZIP code)**  
305 Mt Zion Rd  
PA Dillsburg 17019

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

<b>12d. Tel No.</b> (503) 544-3257	<b>12e. Cell No.</b> (503) 544-3257	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> President@nljps.us
---------------------------------------	--	---------------------	--

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

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> Ronald A. Mikell	<b>Signature</b> Ronald A. Mikell	<b>Title</b> President	<b>Date</b> 09/5/2019 05:43:14
---	--------------------------------------	---------------------------	-----------------------------------

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-247720	9/5/19

**Employees Included**

All regular part-time and full time personnel providing Security Service at the Pittsburgh USPS facility 1001 California Ave 15290 Pittsburgh, Pa.

**Employees Excluded**

All managerial, administrative, clerical, confidential and Supervisory employees of the Employer as defined in the National Labor Relations Act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
06-RC-247732Date Filed  
9-6-19

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

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

<b>2a. Name of Employer:</b> Bair Foundation	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3755 Library Road, Rm 310, Pittsburgh PA 15234
<b>3a. Employer Representative - Name and Title:</b> Kelly Jenkins	<b>3b. Address (if same as 2b - state same):</b> same

<b>3c. Tel. No.</b> 412-341-6850	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 412-341-8622	<b>3f. E-Mail Address</b> kejenkins@bair.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services		<b>4b. Principal Product or Service</b> Social Services	<b>5a. City and State where unit is located:</b> Pittsburgh, PA

<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time Drivers, Transportation Coordinators <b>Excluded:</b> Management employees, guards, supervisors, case workers, office clericals	<b>6a. Number of Employees in Unit:</b> 8	<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: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (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>

**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

<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>

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

<b>11b. Election Date(s):</b> 0/03/2019	<b>11c. Election Time(s):</b> 8 am to 10 am and 1 - 2 pm	<b>11d. Election Location(s):</b> Conference Room, 3755 Library Rd, Pittsb
--	---	---

<b>12a. Full Name of Petitioner (including local name and number):</b> Laborers' Local Union 202R	<b>12b. Address (street and number, city, State and ZIP code):</b> 11951 Dr., Suite 310, Reston VA 20190
--	---

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

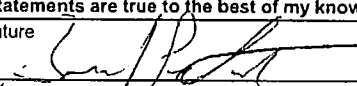
<b>12d. Tel. No.</b> 703-860-4194	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 703-860-1865	<b>12g. E-Mail Address</b> bpetruska@maliuna.org
--------------------------------------	----------------------	-------------------------------------	---

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

<b>13a. Name and Title:</b> Brian J. Petruska, General Counsel, LIUNA MAROC	<b>13b. Address (street and number, city, State and ZIP code):</b> 11951 Freedom Dr., Suite 310, VA Reston 20190
--	---

<b>13c. Tel. No.</b> 703-860-4194	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 703-860-1865	<b>13f. E-Mail Address</b> bpetruska@maliuna.org
--------------------------------------	----------------------	-------------------------------------	---

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> Brian J. Petruska	<b>Signature</b> 	<b>Title</b> General Counsel	<b>Date</b> 9/5/19
--	---	---------------------------------	-----------------------

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-248497

Date Filed

9-19-19

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

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

2a. Name of Employer:

Leveltek Processing, LLC

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

748 McMechen Street, Benwood, WV 26031

3a. Employer Representative - Name and Title:

Troy Allman, Vice President of Operations

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

Same as 2b

3c. Tel. No.

304-232-8530

3d. Cell No.

3e. Fax No.

304-232-8536

3f. E-Mail Address

troy@leveltek.com

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

Manufacturing Plant

4b. Principal Product or Service

Stretch steel coils

5a. City and State where unit is located:

Benwood, WV

5b. Description of Unit Involved:

Included:

See Unit Description on page 2 attached hereto.

Excluded:

6a. Number of Employees in Unit:

20

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ NoCheck One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ on or about (Date) \_\_\_\_\_ (If no reply received, so state).

By Petition

and Employer declined recognition

☐ 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? ☐ No ☒ Yes 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 known

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):

October 17, 2019

11c. Election Time(s):

2:00 pm to 4:00 pm

11d. Election Location(s):

Employer Facility Break Room

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

See full name of Petitioner on page 2 attached hereto

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

901 Market Street, Wheeling, WV 26003

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.

304-232-1940

12e. Cell No.

12f. Fax No.

304-232-7241

12g. E-Mail Address

teamsters697@comcast.net

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

13a. Name and Title:

Rick E. Bauer, President

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

901 Market Street, Wheeling, WV 26003

13c. Tel. No.

304-232-1940

13d. Cell No.

13e. Fax No.

304-232-7241

13f. E-Mail Address

teamsters697@comcast.net

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)

Rick E. Bauer

Signature

Rick E. Bauer

Title

President

Date

09/19/19

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

## PRIVACY ACT STATEMENT

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

*Teamsters Local 697 and Leveltek Processing, LLC*  
*NLRB Representation Petition*  
*Page 2*

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

**INCLUDED:**

All full-time and regular part-time production and maintenance employees employed by the Employer at its Benwood, WV facility;

**EXCLUDED:**

All office clerical employees, professional employees, guards and supervisors as defined in the Act.

**12a. Full Name of Petitioner:**

Teamsters Local Union No. 697 a/w International Brotherhood of Teamsters