

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 14-RC-244383 Date Filed July 3, 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.

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
Tripple Canopy - A Constellis Company

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

3a. Employer Representative - Name and Title
Richard Eaton

3b. Address (If same as 2b - state same)
9500 Micron Ave Suite 136 Sacramento CA 95827

3c. Tel. No.
703-673-4219

3d. Cell No.
424-298-0280

3e. Fax No.
NA

3f. E-Mail Address
richard.eaton@constellis.com

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

4b. Principal product or service
Security

5a. City and State where unit is located:
Muskogee OK

5b. Description of Unit Involved

Included: all fulltime and part time armed and unarmed security officers employed by the employer

Excluded: clerical, managerial, salaried, and supervisory personel as defined by the act

6a. No. of Employees in Unit:
30

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) NA and Employer declined recognition on or about NA (Date) (If no reply received, so state). NA

☐ 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).
Industrial Technical & Professional Employees Union

8b. Address
14 Chatman Center Drive Unit B Savana GA 31406

8c. Tel No.
877-777-5912

8d. Cell No.
912-349-1154

8e. Fax No.
912-777-5912

8f. E-Mail Address
Lena.bailey@itepu.org

8g. Affiliation, if any
OPEUI AFL-CIO

8h. Date of Recognition or Certification
Sept 2005

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
Oct, 31, 2019

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA

(Name of labor organization) NA, has picketed the Employer since (Month, Day, Year) NA

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)
NA

10a. Name
NA

10b. Address
NA

10c. Tel. No.
NA

10d. Cell No.
NA

10e. Fax No.
NA

10f. E-Mail Address
NA

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):
first available

11c. Election Time(s):
0400-0800, 1400-1800

11d. Election Location(s):
work site, or a location near work site

12a. Full Name of Petitioner (including local name and number)
United Government Security Officers of America and its Local 319

12b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union

12d. Tel No.
617-620-7225

12e. Cell No.
617-620-7225

12f. Fax No.
NA

12g. E-Mail Address
Mieblanc@ugsoa.com

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

13a. Name and Title
Mike LeBlanc DHS Vice President UGSOA International Union

13b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

13c. Tel No.
617-620-7225


13d. Cell No.
617-620-7225

13e. Fax No.
NA

13f. E-Mail Address
Mieblanc@ugsoa.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)
Mike LeBlanc

Signature


Title
DHS Vice President UGSOA International Union

Date
07/02/19

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 of the information are found 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.

RECEIVED
TULSA RESIDENT OFFICE
JUL 8 2019
TULSA, OKLA

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14RD-245062

Date Filed

7/17/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 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.

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
American Water MSG

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
14501 Plant Rd. Fort Leonard Wood MO 65473

3a. Employer Representative - Name and Title
Josh Duncan Project MNG

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

3c. Tel. No.

3d. Fax No.

3e. Cell No.

3f. E-Mail Address

573-216-4506 joshua.duncan@amwater.com

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

Government Contractor

4b. Principal product or service

Utilities

5a. Description of Unit Involved

Included:

Maint/mace/shift operators employees 23

5b. City and State where unit is located:

FLW MO.

Excluded:

6 Salary Paid Employees

6. No. of Employees in Unit

23

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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent

IBEW Local # 453

8b. Affiliation, if any

8c. Address

2902 East Division Street
Springfield MO. 65803

8d. Tel. No.

417-869-7251

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification

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

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

a labor organization

11c. The Employer has been picketed by or on behalf of (Insert Name)

(Insert Address)

since (Month, Day, Year)

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)

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

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

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)

Friday Aug 2 - 2019 7:00AM to 8:00AM

13c. Election Time(s)

13d. Election Location(s) 14501 Plant RD. Fort Leonard Wood MO. 65473 conference Room

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

14b. Tel. No.

(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

15b. Title

An Individual

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

15d. Tel. No.

(b) (6), (b) (7)(C)

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

(b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

Title

An Individual

(b) (6), (b) (7)(C) FINISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FACILITY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-245030

Date Filed
July 17, 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.

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
Solvay Cytec

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5350 S. 129th East Ave. Tulsa, Oklahoma 74134

3a. Employer Representative - Name and Title
John McKay, Plant Manager

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

3c. Tel. No.
(918)252-3922

3d. Cell No.
(714)234-7280

3e. Fax No.

3f. E-Mail Address
john.mckay@solvay.com

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

4b. Principal product or service
Advanced composite materials and chemicals

5a. City and State where unit is located:
Tulsa, Oklahoma

5b. Description of Unit Involved
Included: All full-time and part-time production and maintenance employees, including Leads and Quality control employees, employed by Solvay at its 3550 South 129th E. Ave. Tulsa, Oklahoma 74134
Excluded: Office clericals and professional employees, Salary Employees, Supervisors, Guards and all other employees as defined by the Act.

6a. No. of Employees in Unit:
95

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).

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any
none

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):
August 2, 2019

11c. Election Time(s):
1: 00 P.M. to 3:00 P.M. 9:00 P.M to 10:30 P.M

11d. Election Location(s):
employees Break Room

12a. Full Name of Petitioner (including local name and number)
United Steel, Paper and Forestry, Rubber, Manufacturing, energy, Allied industry and Service workers International Union AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
60 Boulevard of the Allies, 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 industry and Service Workers International Union AFL-CIO

12d. Tel. No.

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
Dionisio Gonzalez USW Rep.

13b. Address (street and number, city, state, and ZIP code)
1300 Rollingbrook Dr. Suite #504, Baytown, TX 77521

13c. Tel. No.

13d. Cell No.
(323)253-1812

13e. Fax No.

13f. E-Mail Address
dgonzalez@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)
Dionisio Gonzalez

Signature
Dionisio Gonzalez

Title
USW Rep.

Date
7/17/19

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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RECEIVED
TULSA RESIDENT OFFICE
2019 JUL 17 AM 10:51

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-245127

Date Filed

July 19, 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.

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

Sygma Network INC

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

11400 N Congress Ave
MO Kansas City 64153-

3a. Employer Representative - Name and Title

Bilena Green

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

11400 N Congress Ave
MO Kansas City 64153-

3c. Tel. No.

(816) 243-4103

3d. Cell No.

(816) 654-3462

3e. Fax No.

(816) 243-4181

3f. E-Mail Address

bgreen@SYGMAnetwork.com

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

Others

4b. Principal product or service

Warehouse and distribution of food products

5a. City and State where unit is located:

Kansas City, MO

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:

38

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) 07/17/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**

☐ **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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
August 1, 2019

11c. Election Time(s):
7:00 am-8:00 am and 7:00 pm-8:00 pm

11d. Election Location(s):
the room by the back entrance in the receiving area.

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

Jerry D Wood
International Brotherhood of Teamsters Local 955

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

4501 Emanuel Cleaver Blvd
MO Kansas City 64130-

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.

(816) 923-3500

12e. Cell No.

(816) 714-8424

12f. Fax No.

(816) 923-1948

12g. E-Mail Address

jwood@kcteamsters.com

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)

Jerry D Wood

Signature

Jerry Wood

Title

President

Date

07/18/2019 09:26:30

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 14-RC-245127	Date Filed July 19, 2019

Employees Included

All full time and part time Warehouse, Janitors, Freezer, Cooler and Loader Employees
Employed at the 11400 N Congress AVE Facility.

Employees Excluded

All Truck Drivers, Clerical Employees, Cards, Managers, and Supervisors as defined in
the act and all other Employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-245537

Date Filed
July 26, 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.

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
Jerry Ackerman Toyota

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
2020 Hampton, Ave. St. Louis, MO 63139

3a. Employer Representative - Name and Title
Jerry Ackerman, Jr. (Owner)

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

3c. Tel. No.
314-351-3000

3d. Cell No.

3e. Fax No.
314-351-6114

3f. E-Mail Address

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

4b. Principal product or service
New and Used Vehicle Sales & Service

5a. City and State where unit is located:
St. Louis, MO

5b. Description of Unit Involved
Included: All Full-Time and Regular Part-Time Service Writers.

Excluded: All other employees, including parts department employees, sales employees, porters, mechanics, office clerical employees, professional employees, managerial employees,

6a. No. 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) _____ 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):
August 20, 2019

11c. Election Time(s):
10:00 a.m. - 11:00 a.m.

11d. Election Location(s):
Lunch Room

12a. Full Name of Petitioner (including local name and number)
District Lodge 9, International Association of Machinists & Aerospace Workers AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
113 Republic Avenue, Ste. 100, Joliet, IL 60435

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)
113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel. No.
815-280-6400

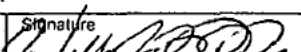
13d. Cell No.
815-214-4587

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
7/26/2019

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.