

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RD-253348	Date Filed 12/13/19

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 West Fraser		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4804 gilman rd GA Blackshear 31516-4169	
3a. Employer Representative - Name and Title David Phelps Mill Manager		3b. Address (if same as 2b - state same) 4804 gilman rd GA Blackshear 31516-4169	
3c. Tel. No. (912) 449-6605	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service wood products/lumber sales	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Blackshear, GA 6a. No. of Employees in Unit: 122 6b. 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 <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 United Steel Workers Union, local 1465 james barks district rep		8b. Address 1413 Thompson Circle, Suite 101 AL Gardendale 35071-	
8c. Tel No. (205) 631-0137	8d. Cell No. (229) 402-1201	8e. Fax No. (205) 631-0138	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification 10/01/2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/01/2020

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): 01/15/2020 - 01/16/2020				11c. Election Time(s): 2:00pm to 4:00pm			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail				11d. Election Location(s): conference room, employers facility			
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) United Steel Workers Union local 1465				12d. Tel No. (b) (6), (b) (7)(C)			
12e. Cell No.		12f. Fax No.		12g. E-Mail Address (b) (6), (b) (7)(C)			
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	Date 12/11/2019 15:52:46
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment A

Included: all full time and regular part-time employees of the sawmill and planer departments, including chip-in-saw operators, relief operators, log lift operators, control house operators 1,2 and 3, edger operators, clean up operators, stacker operators, lift operators, (rough lumber), sorter bay operators, sorting deck operators, utility employees during first six months, utility employees employed after six months, planer operators, graders, grader trainee, planer feeder, trim saw operators, lift operators (finished lumber), package operators, sorter bay operators, bander operators, utility employees, repairman a,b and c, sawfiler, saw filer helper, electricians, maintenance trainees/oilers and oilers employed during first ninety days and utility employees employed after ninety days, lead men, employed by the employer at it's facility located at 4804 gilman road, blackshear, ga

Excluded: all other employees, guards and supervisors as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RN-253468	Date Filed DEC 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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner Coqui-Net Corp.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 562 Ponce de Leon Ave. PR San Juan 00918-	
3a. Employer/Petitioner Representative – Name and Title Alicia Figueroa-Linas Esquire		3b. Address (If same as 2b – state same) Popular Center, 19th Floor 208 Ponce de Leon Ave. PR San Juan 00918-	
3c. Tel. No. (787) 274-5253	3d. Cell No. (787) 630-6805	3e. Fax No. (787) 274-1470	3f. E-Mail Address afigueroa@pmalaw.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Communications Services		4b. Principal product or service Internet Service Provider	
5a. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			5b. City and State where unit is located: San Juan, PR
			6. No. of Employees in Unit: 6

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable.

7a. ☐ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

7b. ☒ The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Recognized or Certified Bargaining Agent – Name Iram Ramirez Union Internacional de Empleados Profesionales y de Oficina (OPEIU)		8b. Affiliation, if any AFL-CIO, CLC	
8c. Address P.O. Box 29146, San Juan, PR PR San Juan 00929-0146		8d. Tel. No. (787) 449-0152	8e. Cell No.
		8f. Fax No. (787) 766-5699	8g. E-Mail Address opelupr@opeiu.org
9. Date of Recognition or Certification 03/01/2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

11. 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) _____

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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 and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s): January 3, 2020	13c. Election Time(s): 6:00 am and 2:00 pm	13d. Election Location(s): Coqui-Net locality	

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Alicia Figueroa-Linas Esq. Pietrantoni, Mendez & Alvarez		14b. Address (street and number, city, state, and ZIP code) Popular Center, 19th Floor, 208 Ponce de Leon Ave. PR San Juan 00918-	
14c. Tel No. (787) 274-5253	14d. Cell No. (787) 630-6805	14e. Fax No. (787) 274-1470	14f. E-Mail Address afigueroa@pmalaw.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) Alicia Figueroa-Linas Esq.	Signature Alicia Figueroa-Linas	Title	Date 12/17/2019 13:32:53
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Attachment

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Employees Included

All regular full time and part time Video Operator Controllers (VOC) working for the employer at the Hato Rey facility in Puerto Rico.

Employees Excluded

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