

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-258707	Date Filed 04/02/20

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 at: (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: Delaware Resource Group of Oklahoma, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3220 Quail Springs Pkwy Oklahoma City, OK 73134	
3a. Employer Representative - Name and Title Michael Haire, Director, Fighter Programs		3b. Address (if same as 2b - state same):	
3c. Tel. No. 405-721-7714	3d. Cell No. 904-874-9609	3e. Fax No. 405-721-7779	3f. E-Mail Address michael.haire@drgok.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pilot Training Center		4b. Principal Product or Service Military Pilot Training	5a. City and State where unit is located Beaufort, SC
5b. Description of Unit involved: Includes: Full/Part Time Contract Instructor Pilots and Contract Instructors Excluded: All other support employees		6a. Number of Employees in Unit 2	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) 03/17/2020 and Employer declined recognition on or about (Date) 03/17/2020 (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> <input type="checkbox"/> 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): March 2020		11c. Election Time(s): During working hours	11d. Election Location(s): Beaufort, SC
12a. Full Name of Petitioner (including local name and number): Lowcountry Contract Instructor Pilots Association		12b. Address (street and number, city, State and ZIP code): 19 Long Pond Dr Beaufort, SC 29907	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No. 678-525-5028	12e. Cell No. 678-525-5028	12f. Fax No.	12g. E-Mail Address MALLENF18@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Michael Allen Association Representative		13b. Address (street and number, city, State and ZIP code): 19 Long Pond Dr Beaufort, SC 29907	
13c. Tel. No. 678-525-5028	13d. Cell No. 678-525-5028	13e. Fax No.	13f. E-Mail Address MALLENF18@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) MICHAEL ALLEN	Signature 	Title LCIRA REPRESENTATIVE	Date 17 March 2020

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

Collection 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. 74912-43 (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.