NATIONAL LADOR RELATIONS BOARD Date Name Date Name INSTRUCTIONS: Unless e-Filed using the Agency's wobsite, www.niht.govy.submit an original of this Petilion to an NLB office in the Region in which the employer concented is located. The petition number accompanied by both a showing of interest (see 6b below) and a certificate of sarvices showing services on the employer and all other parties named in the petition of: (1) the petition (2) Statement of Position for more statement of Position for more statement of the solution of: (1) the petition (2) Statement of Position for more statement of the solution of the solution of the solution of the statement of the solution of the solut	UNITED STAT	ES GOVERNMEN	т		DO NOT W	RITE IN THI	IS SPACE
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B Service on the employer and all other parties named in the petition (1) the petition; (2) Statement of Position form (Form NLRS 4812). The showing of interest should only be filed with the NLRB and should not be service on the employer or any other party. PURPOSE OF THIS FETTION. CECRETIFICATION OF REPERSENTING - a substallar lumber of employees with to be represented for purposes of calculate the particle of the NLRB and Should not be service on the employee of any other party. The Showing of interest should only be filed with the NLRB and Should not be served on the instrument of employees. The Petitioner allages that the following circumstances exist and 2. Attern of Engineering to the National Labor Reference of the employee. The Petitioner allages that the following circumstances exist and 2. Attern of Engineering to the National Labor Reference of the Natinal Labor Reference of the National Labor Reference of the Nationa	in which the employer concerned	is located. If	ne petition must	be accompanied by	both a showing of i	interest (se	ee 6b below) and a certificate
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With the NL-KB and should not be served on the employeer or any other party. PURPTURE CF. CENTRE-ATTION CONTROL AND ADDRESS AD	(Form NLRB-505); and (3) Descri	ption of Repres	entation Case I	Procedures (Form NL	RB 4812). The sho	wing of in	terest should only be filed
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And Embody of Representative – Name and Table 3b. Address (if same a 20 – state same) Source Network Source Network			42	285 Pace Street		number, city	y, State, ZIP code)
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(843) 57-100 (43) 407-3581 dtopr@continuent.com 4. Type of Establishment (# cours), mine, wholesaker, etc.) 4b. Principal product or service Waste Management Services 5a. City and State where unit it is located. North Charleston. SC 6. Decorption of Unit Involved 4b. Principal product or service Waste Management Services 5a. City and State where unit it is located. North Charleston. SC 6. Decorption of Unit Involved 5a. City and State where unit it is located. North Charleston. SC 5a. No. of Employees in Unit. 5b. Do a subsential number (30% Unit North Charleston. SC Excluded: See Attached Page 2 to additional detals 5b. Charleston. SC Check One: Ta. Request for recognition as Barganing Representative was made on (Date) (Pate) (Par orgh/ received so state). and Employer declined recognition on about 8a. Name of Recognized or Cortified Bargaining Agent (# 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 Contract. # any (Month, Day, Year) 9h. Date of Recognition or certification Contract. # any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No # so, approximately how many employees are participating? (Month, Day, Year) 10. Organization or certification inny usin declon. 10b. Address 10c. Te	3c. Tel. No.	3d. Cell No.		3e, Fax No.		f E-Mail Add	race
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10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 10f. E-Mail Address 11. Election Date(s): December 30, 2019 11c. Election Time(s): 6:coam-6:copm 11d. Election Tope: ✓ Manual / Mail / Mixed Manual/Mail 12a. Full Name of Petitioner (<i>including local name and number</i>) 12b. Address (street and number, city, state, and ZIP code) 28bFrm Isom Sebfrm Isom Centeral Teamsters Local Union No. 509 12e. Cell No. 12b. Address (street and number, city, state, and ZIP code) 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address sisomteamsterolocal509@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address sisomteamsterolocal509@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address sisomteamsterolocal509@gmail.com 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13d. Cell No. 13f. E-Mail Address 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address </td <td>10. Organizations or individuals other than known to have a representative interact in</td> <td>Petitioner and tho</td> <td>se named in items</td> <td>8 and 9, which have claim</td> <td>ed recognition as repres</td> <td>entatives and</td> <td>d other organizations and individuals</td>	10. Organizations or individuals other than known to have a representative interact in	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as repres	entatives and	d other organizations and individuals
10c. Fet. No. 10c. Fet. No. 10d. Cell No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ManualMailMixed Manual/Mail 11b. Election Date(s): December 30, 2019 11c. Election Time(s): 6.coam-6.coopm 11d. Election Location(s): 4285 Pace Street North Charleston, SC 29405 12b. Address (street and number) Settimin Isom Central Teamsters Local Union No. 509 12b. Address (street and number, city, state, and ZIP code) 2604 Fish Hatchary Rd Sci Cumbia 29172- 12c. Full Name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address sisomteamster/secal Union No. 509 12c. Tell No. 12e. Cell No. (803) 962-2552 12f. Fax No. 12g. E-Mail Address sisomteamster/socal509@gmail.com 13a. Name and Title 13b. Address for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13a. Name and Title 13b. Address for purposes of the representation proceeding. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 14celare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date<	internet to have a representative interest in	any employees in	the unit described i	n item 5b above. (If none,	so state)		
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 10e. Fax No. 10f. E-Mail Address 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): ManualMail	10a. Name	10b. Ad	dress		10c Tel No		10d Call No
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): December 30, 2019 11c. Election Time(s): 6:00am-6:00pm 11d. Election Location(s): 4285 Pace Street North Charleston, SC 29405 21a. Full Name of Petitioner (including local name and number) Sebring Isom Sebring Isom (303) 786-6172 12b. Address (street and number, city, state, and ZIP code) SC West Columbia 29172- 12d. Tel No. (303) 786-6172 12e. Cell No. (803) 862-2552 12f. Fax No. 12g. E-Mail Address isomteamsteriocal509@gmail.com 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13d. Cell No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13d. Cell No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13b. Address (street and number, city, state, and ZIP code) 13f. E-Mail Address 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. Date Name (Print) Signature Organiz					100. 101. 100.		Tod. Cell No.
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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) 121/2 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address siomteamsterlocal509@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 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. 13f. E-Mail Address Name (Print) Signature Sebrina Isom Title Date 12e. Final Som 12f. Fax No. 12g. E-Mail Address	12a. Full Name of Petitioner (including) Sebrina Isom	local name and n	umber)		12b. Address (street a	nd number, d	
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address sisomteamsterlocal509@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 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. 13f. E-Mail Address Name (Print) Signature Sebrina Isom Title Organizer/Business Agent Date 129(2019, 12:02:08	Sebrina Isom General Teamsters Local Union No.	509			2604 Fish Hatchery Rd SC West Columbia 291	72-	
(803) 796-6172 120. Started. 129. E-Mail Address sisomteamsterlocal509@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 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. Date Name (Print) Signature Title Date Sebrina Isom Title Organizer/Business Agent 129/2019 12:02:08	International Brotherhood of Teamsters	labor organization	of which Petitioner	is an affiliate or constituent	t (if none, so state)		
(803) 796-6172 (803) 862-2552 sisoniteamsteriocal509@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title Sebrina Isom Title Date 129/2019 12:02:08 129/2019 12:02:08	12d. Tel No.	12e. Cell No.		12f. Fax No.	12	n F-Mail Ad	drass
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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. 13f. E-Mail Address Name (Print) Signature Sebrina Isom Title Organizer/Business Agent Date 129/2019 12:02:08	13a. Name and Title		1			ZIP code)	
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Sebrina Isom Organizer/Business Agent 129/2019 12:02:08	Name (Print) Cianatura						
12/9/2019 12:02:08	Sebrina Isom Organizer/Rusinese Acent						
			TITION CAN BE P			12/9/2019	E 18 SECTION 1001)

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.

DO NOT WRITE IN THIS SPACE

Case

Attachment

Date Filed

Employees Included All Full-time and Part-time Drivers

Employees Excluded

All Full-time and Part-time Supervisors, Clerks, Administrative Assistants, Auto Mechanics

FORM NLRB-502 (RC) UNITED STATES OF AMERICA			DO NOT WRITE IN THIS SPACE								
(2-18)		LABOR RELAT		ARD		Case No. 10-RC-252700 Date Filed December 3, 201					
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.hirdb.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.											
bargaining by Petitioner and Petit	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: United States Postal Servi	ce	<u> </u>	7023	Albert I	Establishment(s) invo Pick Road NC 27409	olved (Stre	eet and n	umber, City,	State, ZIP code	e):	
3a. Employer Representative - Nan Megan Brennan, Postmast		al	475 L	o. Address (if same as 2b - state same): 75 L'Enfant Plaza SW, Room 4012 Vashington, DC 20260							
^{3c. Tel. No.} 202-268-2550	3d. Cell No.	· · · · · · · · · · · · · · · · · · ·	1	^{3e.} Fax N 202-26	o. 8-2760		E-Mail Ad egan.J	.Brennai	n@usps.gov		
4a. Type of Establishment (Factory, Postal administrative facil	nine, wholese ity	aler, etc.)			pal Product or Service Il support			5a. City an Greens	d State where u boro, NC	nit is loca	ated:
5b. Description of Unit Involved: Included: EAS-18 Specialists at the	Employe	r's Greensl	boro N		SC facility			6a. Numbe 250	r of Employees	in Unit:	
Excluded: All other classifications, to					-			of the e	ibstantial numb mployees in the nted by the Peti	unit wis	n to be
Check One: 🔀 7a. Request for rec on or about (Date)	11/21	/19 (İfn	no reply re	ceived, so	state)	/21/19			eclined recogni		
7b. Petitioner is cur 8a. Name of Recognized or Certifie None					and desires certification	on under tr	ne Act				
8c. Tel. No.	8d. Cell No.	•		8e. Fax N	0.	8f. E	E-Mail Ad	dress			
8g. Affiliation, if any:			8h	. Date of R	Recognition or Certifica	cognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a (Name of Labor Organization)	t the Employe	er's establishme	ent(s) invo	lved? No	If so, appro	•		• • •	are participatir er since (Month,		ar)
10. Organizations or individuals other individuals known to have a repre None						d recogniti	ion as re	presentative		-	·
10a. Name		0b. Address				10c. Tel. No.			10d. Cell No.		
				10e. Fax N			e. Fax No		10f. E-Mail Address		· · ·
11. Election Details: If the NLRB con				e your posi	ition with respect to an			11a. Election	I 🗌 Mail [] Mixed	Manual/Mail
11b. Election Date(s): December 17, 2019	8	1c. Election Tir 3 AM- 4 PM	M	11d. Election Location(s): Nancy James Room, HRSSC							
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): American Postal Workers Union, AFL-CIO 1300 L Street NW Washington DC 20005 Washington DC 20005											
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state):</i> American Postal Workers Union, AFL-CIO											
12d. Tel. No. 12e. Cell No. 202-842-4200 443-980-5586				12f. Fax N 202-84	2-4297	rsh		@apwu.c	org		
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Michael T. Anderson, Lawyer				13b. Addr	poses of the represe ess (street and number Anderson PLLC	er, city, Sta	ate and 2	ZIP code):	e 300, Washi	ngton	DC 20005
13c. Tel. No. 202-223-2620	13d. Cell No			13e. Fax 1 202-29	6-9600	ma			phypllc.co	m	
I declare that I have read the above Name (Print) Richard Shelley	e petition and	I that the state Signature	······		the best of my knowledge	Title		eld Orga	nizer		Date 12/03/19
· · · · · · · · · · · · · · · · · · ·		1	/ /		/	.		<u> </u>			

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 liligation. 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.

						DO NOT WRITE IN THIS SPACE						
FORM NLRB-502 (RC) (2-18)		ED STATES OF / L LABOR RELAT RC PETITIC	IONS B		D		Case	se No. 10-RC-253354 Date Filed 12/13/202				
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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: bargaining by Petitioner and Peti requests that the National Labor	tioner desire	es to be certified a	is repres	sentat	tive of the	e employees. The P	Petition	ner alleges	that the fol	lowing circums	ances	
2a. Name of Employer: Johnston Fire Services Ll	2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Johnston Fire Services LLC 1200 Mayfield Road, Paducah, KY 42003											
3a. Employer Representative - Nat David Johnston	me and Title	:	3b. Ad same		s (if same	ə as 2b - state same,	»):					
3c. Tel. No. (270) 443-3196	3d. Cell N	0.			Fax No. 70) 44	4-7671		3f. E-Mail A johnstoi		omcast.net		
4a. Type of Establishment <i>(Factory,</i> Construction	mine, whole	esaler, etc.)				al Product or Service	9		5a. City an Paducal	nd State where u n, KY	nit is loc	ated:
5b. Description of Unit Involved: Included: Sprinkler fitters, laborers,	and me	chanics							6a. Numb 5	er of Employees i	in Unit:	
Excluded:									of the	ubstantial numbe employees in the ented by the Peti	unit wis	h to be
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu		(If n	o reply	receiv	ved, so si	tate).	on unde		Employer	declined recognit	ion	
8a. Name of Recognized or Certifie None					8b. Add							
8c. Tel. No.	8d. Cell No) .		8e.	Fax No.		٤	8f. E-Mail A	ddress			
8g. Affiliation, if any:			8	h. Da	ate of Re	cognition or Certifica				urrent or Most (Month, Day, Yea	ar)	
9. Is there now a strike or picketing a	t the Emplo	yer's establishmer	nt(s) inv	olved	? No	If so, approx	ximate	ly how man	y employee	s are participating	g?	
(Name of Labor Organization)										er since (Month,		·
 Organizations or individuals other individuals known to have a representation 										es and other orga	anizatior	is and
10a. Name		10b. Address					1	10c. Tel. No).	10d. Cell No.		
								IOe. Fax No		10f. E-Mail Add	ress	
11. Election Details: If the NLRB con Election to be held as soon		sible		ite you	ur positic	on with respect to an			11a. Election	I Mail] Mixed	Manual/Mail
11b. Election Date(s): As soon as possible		11c. Election Tim As soon as 1		ole					on Location(s): space at the worksite			
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Road Sprinkler Fitters Local Union 669 7050 Oakland Mills Road, Suite 200, Columbia, MD 21046												
12c. Full name of national or internati UA Sprinkler Fitters Asso		organization of whi	ich Petit	lioner	is an aff	iliate or constituent ((if none	e, so state):				
12d. Tel. No. 12e. Cell No. 12f. Fax No. (410) 381-4300 (270) 556-7171 (301) 62					1-8050	j		kypipet	rades.com			
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title: David O'Brien Suetholz, Attorney				pers for purposes of the representation proceeding. 13b. Address (<i>street and number, city, State and ZIP code</i>): 515 Park Avenue, Louisville, KY 40208								
13c. Tel. No. (502) 636-4333			(502) 636-4342 david			lavids@	E-Mail Address vids@bsjfirm.com					
l declare that I have read the above Name (Print) David O'Brien Suetholz	petition a	Signature	0 0			best of my knowle	Title	nd belief. orney				Date 12/13/19
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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 may cause the NLRB to decline to invoke its processes.

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RC PETITION "10-RC-253493 Description NSTRUCTONE Bolicy whething surviview holding using the Agency whething surviview and the Petition of the Petition for an NLRP deficient for the Region in which the engloyer concerned is locarized. The petition must be accompanied by bolin a showing of interest should only be field with the NLRB and should not be field in the petition of RLP statement of Position form (LRP statement of Position form (RRP statement of Position for an NLPP statement of Position form (RRP statement of Position for for form (RRP statement of Position for form (RRP statement of Position for for form (RRP statement of Position for form (RRP statement of Position for for form (RRP statement of Position for form RRP statement of Positio RRP statement of Position			DO NOT V					
INSTRUCTIONS: Unless + Filed using the Agency's website, www.nth.goy. submit an original of this Petition on NLRB office in the Region in which the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB + 503; and (3) Description of Representation. Case Procedures (Form NLRB + 512). The showing of interest should only be lifed with the NLRB + 503; and (3) Description of Representation. Case Procedures (Form NLRB + 512). The showing of interest should only be lifed with the NLRB + 510; and (3) Description of Representation. Case Procedures (Form NLRB + 512). The showing of interest should only be lifed with the NLRB + 510; and (3) Description of Representation on Case Procedures (Form NLRB + 512). The showing of interest should only be lifed with the NLRB + 510; and the stational Labor Residons. Ref. 2a. Name of Employer 2b. Address(interest) = 500; 00 of the stational Labor Residons. Ref. 2b. Interest + 500; 00 of the stational Labor Residons. Ref. 2b. Address(interest) = 500; 00 of the stational Labor Residons. Ref. 2b. Interest + 500; 00 of the stational Labor Residons. Ref. 2b. Address(interest) = 500; 00 of the stational Labor Residons. Ref. 2b. Interest + 500; 00 of the stational Labor Residons. Ref. 2b. Address(interest) = 500; 00 of the stational Labor Residons. Ref. 2b. Ref. Ref. Ref. Ref. Ref. Ref. Ref. Ref								
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of service showing service on the employer and all other parties named in the petition of (1) the petition (2) Statement of Position form (JREP 4615), and (3) Description of Representation Case Proceedures (Form NLREP 4617). The showing of interest should only be filed with the NLRB and showing of interest should only be filed by the served on the employer or any other party. PURPOSE of PHISPETTION IN C.CERTIFICATION OF REPRESENTATION OF A substantial number of employees with to be represented to proposes of collective bargating by Petitioner and Petitioner desires to be cetified as representative of the employees. The Petitioner alleges that the following circumstances suits and requests that the stational Labor Residence Add. Za. Name of Employer Representative - Name and Title								
(Form NLRB-50); and (3) Description of Representation Case Procedures (Form NLRB 442). The showing of Interest should only be filed with the ILRB and should pole be served on the employer any other party. 1: PURPOSE OF THIS FETTION: RC-CERTIFICATION OF REPRESENTATIVE - A subdativial number of employees with to be represented to purposes of calcebre bargaining key representative National Labor Relations Board proceed under its proger authority pursuant to Section of the National Labor Relations Active State of the Interest State of the National Labor Relations Board proceed under its proger authority pursuant to Section of the National Labor Relations Active State of the National Labor Relations Active State of the National Labor Relations Board proceed under its proger authority pursuant to Section of the National Labor Relations Active State S								
with the ULRB and should not be served on the employer or any other party. PURPOSE OF CENTRFATTION - CENTRFATTION - OF REPERSENTA the of the employees. The Petitioner alleges that the National Labor Relations Board proceed under its program to be your part to be control the National Labor Relations Board proceed under its program to be your part to be part to be control to any other part to be control to any other part to be control to any other part to be part to be control to any other part to any othere part to any other part to any other part to any o								
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3a. Name of Employer Durbum School Services 2b. Address(o) of Establishment(s) involved (Siteer and number, rky, State, Z/P code) State Services 3a. Employer Representative – Name and Tile 3b. Address(of same as 2b – slate same) State Services 3c. Tel No. 3d. Cell No. Sa. Chy and State where wint is hoaded. No. 3b. Description of Unit Involved Included: Transportation Sa. No of Employer Representative was made on (Date) [27(12)(2)(1)] and Employer Representative and State State Representative and State Representative and State State Representative and State Repre	bargaining by Petitioner and Petitioner de	esires to be certif	ied as representa iv	e of the employees. The	Petitioner alleges that	the following	g circumstances exist and	
Durbane School Services Stoll Barries Agence 36. Employer Representative - Name and Tile 30. Address / Service 31. E-Mail Address 36. Tel No. 34. Cell No. 32. Fax No. 31. E-Mail Address 37. Tel No. 34. Cell No. 32. Employer Representative and is localed. 38. Tel No. 34. Endower Representative and is localed. Recommender (Bottamichos) (43.) 92.0 43.0 38. Tel No. 36. City and State Writer unit is localed. Recommender (Bottamichos) (40.) 92.0 (43.0) (43.0		tions Board proc						
a.e. Employer Representative – Name and Tile 00 00 Address (if same as 20 – state same) E40() Bane Avenue Minimum 2005. 36. Tet Nor. 36. Tet Nor. 01 Chain Address Minimum 2005. 01 Chain Address (44) 970-2000. 01 Chain Address Minimum 2005. 36. Tet Nor. (44) 970-2000. (45) 922-2033. 02			54	01 Barns Avenue	(S) Involved (Sileer and	i number, city	, State, ZIF Code)	
David Bailing Average EAGL Bailing Average SC Tell No. 36 Cell No. </td <td></td> <td>Title</td> <td>VA</td> <td></td> <td>s 2h – state same)</td> <td></td> <td></td>		Title	VA		s 2h – state same)			
3C. Tel No. 3C. Cell No. 3C. Edi No.		1100						
(s40) 972-9000 (d31) 822-9033 data enderd@dutamascholaser/dets.0m 4a. Type of Establishmeti (Facloy, mine, wholesaler, etc) 4b. Principal product or service Transportation Sa. City and State where unit is located: Roanoke. VA 5b. Description of Unit Involved Included: Sex Attached Page 2 for additional details Sa. No. of Employees in Lun: 190 Excluded: Sex Attached Page 2 for additional details Sa. No. of Employees in Lun: 190 Check On: Image: The employee 1 memory recorder, so state). No reply received, so state). No reply received, so state). No reply received of the employees in the unit with to be represented by the Patitioner is current y recognized as Bargaining Representative and desires certification under the AC. 8a. Name of Recognized as Bargaining Adpert (# none, so state). Be. Address Bf. Excluded: 8g. Atfiliation, if any Sh. Date of Recognized as Bargaining Representative and desires certification (Charder) (# none, so state). Bf. Exall Address 8g. Atfiliation, if any Sh. Date of Recognized as Bargaining Representative and desires certification (Charder) (# none, so state). Bf. Exall Address 8g. Atfiliation, if any Sh. Date of Recognized none or exployees are participating? Image: method whole, no. (Charder & noe organization) If a so, approximately how many employees are participating? 10. Organizations or individuals ofter than Petitioner and those named		3d. Cell No.				Sf. E-Mail Add	ress	
4a. Type of Establishment (#actory, mine, wholesaler, etc.) 4b. Principal product or service Student Transportation 5a. City and State where unit is boated: Student Transportation 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 5a. City and State where unit is boated: Student Transportation 5a. City and State where unit is boated: Student Transportation 6b. Description of Unit Involved Included: See Attached Page 2 for additional details 5a. No. of Employees in Unit: 5b. Do a substantial number (0W, or poly of the employees in the unit wish to be represented by the Delait (<i>If no reply received, so tate</i>). No reply received or Delait (<i>If no reply received, so tate</i>). 5b. Tel No. 6c. Tel No. 8d. Cell No. 8e. Fax No. 8t. Eval Address 8g. Affiliation, if any 0. Organization or individuals other than Petitioner and those name of these onglybers in the unit described in terms 3 and 3y. which have calmed recognition or Certification (<i>If and calmed as transportation</i>) 8t. Eval Address 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (<i>Name of abor organization</i>) 10b. Address 10c. Tel No. 10d. Cell No. 10. Organization or individuals other than Petitioner and those name in times 3 and 3y. which have calmed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in tem 5b above. (<i>If none, so state</i>) 10d. Cell No			3					
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Include: See Attached Page 2 for additional details 190 Exclude: See Attached Page 2 for additional details 190 Check One: Image: Check One: <td< td=""><td>Transportation</td><td></td><td></td><td>Student Transportat</td><td>ion</td><td></td><td>Roanoke, VA</td></td<>	Transportation			Student Transportat	ion		Roanoke, VA	
Include: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details Check One: Image: Check One: Image: Check One: I	5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Exclude: See Attacked Page 2 for additional details or more jof the employees in he unit wish to be represented by the Pettioner? Yes [] No [] Check One: Image: Imag	Included: See Attached Page 2 for addition	nal details						
Excluded: see Attached Page 2 for additional details unit wish to be represented by the Pettioner? Yes [C] No [] Check One: [2] 7a. Request for recognition as Bargaining Representative was made on (Date) 127(120219								
Petitioner? Yes No Check On: Image: Check On: Im	Excluded: See Attached Page 2 for addition	nal details						
Date (if no rep) received so state). No reply received Date (if no rep. received so state). No reply received Date (if nore, so state). Dat								
Image: Dr. Petitioner is curren by recognized as Barganning Representative and desires certification under the Act. Bb. Address Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address Bc. Tei No. Bd Cell No. Be. Fax No. Bf. E-Mail Address 8g. Affiliation, if any Bh. Date of Recognition or Certification Bf. E-Mail Address 9. Is there now a strike or pickeling at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization)	Check One: 7a. Request for re	cognition as Bar	gaining Representat	tive was made on (Date) <u>1</u>	2/10/2019 and	Employer dec	lined recognition on or about	
Ba. Name of Recognized or Certified Bargaining Agent (iff none, so state). Bb. Address Bc. Tel No. Bd Cell No. Be. Fax No. Bf. E-Mail Address Bg, Affiliation, if any Bh. Date of Recognition or Certification Bf. 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)		(Date)	(If no reply received	d, so state). No reply recei	ived			
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(Name of labor organization)								
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) 10 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 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 Mile Miked Manual/Mail 11b. Election Date(s): 11c. Election Time(s) 11d. Election Loca ion(s): Conference Room 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Address (street and number, city, state, and ZIP code) 4011 Clenestore Date(s): 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12a. Full Name of netimational labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12a. Full Name of netimational labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12b. Organization of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Cell No. 13a. Representative of the Petitioner who will acc	9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? If so, approx	imately how many emp	loyees are pa	rticipating?	
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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 Mail Mail Mixed Manual/Mail 11b. Election Date(s): January 8, 2020 11c. Election Time(s): 6:00 to 10:00 am, 1:00 to 6:00 pm 11d. Election Loca ion(s): Conference Room 12a. Full Name of Petitioner (including local name and number) Amaigamated Transit Union Local 1493 12b. Address (street and number, city, state, and ZIP code) Mixed Manual/Mail 12c. Full name of national or international construction of which Petitioner is an affiliate or constituent (if none, so state) 12b. Address (street and number, city, state, and ZIP code) Mixed Manual/Mail 12c. Full name of national or international are previous prize to organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address (previous pericival patterson@yahoo.com 13c. Tel No. 12e. Cell No. (919) 282-7425 12f. Fax No. 12g. E-Mail Address pericival patterson@yahoo.com 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Mixer Spring 2090-7790 13b. Address (street and number, city, state, and ZIP code) Mixer Spring 2090-7790 13a. Tel No. 13d. Cell No. (202) 714-4219 13e. Fax No. 13f. E-Mail Address (street and number, city, state, and ZIP code) Mixer Spring 2090-7790 13c. Tel No. (301) 431-7100 13d. Cell No. (202) 714-4219 13e. Fax No. 13f. E-Mail Address (street and number, city, state, and ZIP	10a. Name	10b. Ad	dress		IUC. TEL NO.		TUO. CEILNO.	
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11b. Election Date(s): January 8, 2020 11c. Election Time(s): 6:00 to 10:00 am, 1:00 to 6:00 pm 11d. Election Loca ion(s): Conference Room 12a. Full Name of Petitioner (including local name and number) Percival Patterson Amalgamated Transit Union Local 1493 12b. Address (street and number, city, state, and ZIP code) 4011 Glenstope Drive NC: Durham 277744- 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address percival patterson@yahoo.com 12d. Tel No. (919) 282-7425 12e. Cell No. (919) 282-7425 12f. Fax No. 12g. E-Mail Address percival patterson@yahoo.com 13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Januel B. Smith Assistant General Counsel 13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790 13f. E-Mail Address dsmith@atu.org 13c. Tel No. (202) 714-4219 13d. Cell No. (202) 714-4219 13f. E-Mail Address dsmith@atu.org 1declare that I have read the above petitor and that the statements are true to the best of my knowledge and belief. 13de 12/18/2019 10:50:46		an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual 🧧	_ Mail Mixed Manual/Mail	
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Amalgamated Transit Union 12 minipage 12 minipage 12 minipage 12 minipage 12d. Tel No. (919) 282-7425 12 minipage 12 minipage 12 minipage 12 minipage 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 12 minipage 12 minipage 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13 minipage 13 minipage 13. Name and Title Daniel B. Smith 13 minipage 13 minipage 13 minipage 13 minipage 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13 minipage 13 minipage 13. Name and Title Daniel B. Smith 13 minipage 13 minipage 13 minipage 13. Mater end the above petition and that the statements are true to the best of my knowledge and belief. 13 minipage 13. Cell No. (301) 431-7100 13 minipage 13 minipage 14. Cell re that I have read the above petition and that the statements are true to the best of my knowledge and belief. 13 minipage Name (Print) Signature Daniel B. Smith Date Daniel B. Smith 12 minipage 12 minipage								
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Name (Print) Signature Title Date Daniel B. Smith Daniel B. Smith Assistant General Counsel 12/18/2019 10:50:46						ismitn@atu.or	9	
Daniel B. Smith Daniel B. Smith Assistant General Counsel 12/18/2019 10:50:46	I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
Danie B. Shina								
	Dunier D. Offici							

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

Employees Included

All full-time and regular part-time bus drivers, van driver and aides at the employer's Roanoke, Virginia facility.

Case

Employees Excluded

All other employees, office clerical employees, guards, and supervisors as defined by the Act

UNITED STATE		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR	Case No.	Case No. Date Filed					
RC PE	10	10-RC-253803 December 26, 2019					
INSTRUCTIONS: Unless e-Filed us	ing the Agend	y's website, <mark>ww</mark>	<u>/w.nlrb.gov</u> , submit a	an original of this	Petition to	an NLRB office in the Region	
in which the employer concerned	is located. Th	e petition must	be accompanied by l	both a showing o	f interest (s	ee 6b below) and a certificate	
of service showing service on the	employer and	all other parties	anamed in the petition	on of: (1) the petit	ion; (2) Sta	tement of Position form	
(Form NLRB-505); and (3) Descript	tion of Repres	entation Case P	rocedures (Form NL	RB 4812). The sh	owing of in	terest should only be filed	
with the NLRB and should not be s							
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATIV	/E - A substantial number	of employees wish to	be represente	ed for purposes of collective	
bargaining by Petitioner and Petitioner d requests that the National Labor Rela	esires to be certif	ed as representa ive	e of the employees. The loser authority pursuant to	Petitioner alleges the Section 9 of the Na	at the followi tional Labor I	ng circumstances exist and Relations Act	
2a. Name of Employer	actio Dourd prot		dress(es) of Establishment				
Turner Plumbing, Inc.		17(Al	00 26th Avenue Tuscaloosa 35401-				
3a. Employer Representative – Name and	d Title		3b. Address (If same as				
Ricky Turner	-		1700 26th Avenue AL Tuscaloosa 35	401-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad		
(205) 345-4825					info@turnerplu	-	
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal prod			5a. City	and State where unit is located:	
Services			Plumbing			Tuscaloosa, AL	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 25	
Included: See Attached Page 2 for additio	nal details					6b. Do a substantial number (30%	
						or more) of the employees in he	
Excluded: See Attached Page 2 for additio	nal details					unit wish to be represented by the Petitioner? Yes V No	
Check One: 7a. Request for re	cognition as Bar	naining Doprocontat	ive was made on (Date)	20/	d Employor do	clined recognition on or about	
		(If no reply received		and		clined recognition on or about	
7b. Petitioner is c			presentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Bar			8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.	I	8f. E-Mail Ad	dress	
8g. Affiliation, if any		1	8h. Date of Recognition or	r Certification		Date of Current or Most Recent	
					Contract, II a	ny (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involved?	No If so, approx	imately how many em	plovees are p	articipating?	
(Name of labor organization)							
						-	
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. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
				100.1 47 10.			
11. Election Details: If the NLRB conducts any such election.	s an election in th	is matter, state your	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):		lection Time(s):		11d. Election Loca	ion(s):		
January 16, 2020		V to 8:00 AM and 3:	00 PM to 5:00 PM			r's 1700 26th Avenue facility.	
12a. Full Name of Petitioner (including lo Tim Pierce Plumbers and Pipefitters Local 372	ocal name and n	umber)		12b. Address (stree 3888 Greensboro Av Al Tuscaloosa 3540		, city, state, and ZIP code)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> United Association of Journeyman and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO							
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address lu91or@uanet.org (205) 758-6236 12f. Fax No. 12g. E-Mail Address lu91or@uanet.org					Address et.org		
13. Representative of the Petitioner who	will accept servi	ice of all papers fo	r purposes of the repres	entation proceeding			
13a. Name and Title			13b. Address (street and				
Lance Geren Attorney for UA Local 372 325 Chestnut Street, Suite 600 O'Donoghue & O'Donoghue, LLP PA Philadelphia 19106-							
13c. Tel No.	13e. Fax No.		13f. E-Mail A				
(215) 629-4970 (202) 805-6148 (215) 629-4996 Igeren@odonoghuelaw.com							
I declare that I have read the above petit		statements are true	-	viedge and belief.			
	gnature ance Geren		Title Attorney for UA Local 37	2	Date		
Lance Geren La WILLFUL FALSE STATEME		TITION CAN BE P	-			19 09:18:10 LE 18, SECTION 1001)	

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.

	DO NOT WRITE	IN THIS SPACE	
Case		Date Filed	

Employees Included

Attachment

All full-time and regular part-time plumbers and plumbers helpers employed by the Employer at its 1700 26th Avenue, Tuscaloosa, Alabama facility.

Employees Excluded

All other employees, office clericals, guards and supervisors within the meaning of the Act.

	TATES GOVERN					NOT W	RITE IN THIS SPACE	
	BOR RELATION: PETITIC			Cas	se No. 10-RD-2536	83	Date Filed December 20, 2019	
			ubmit an original of this	s Peti				
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , 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 <u>not</u> b	e served on the	employer or any other p	party.				
recognized bargaining representative is r	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 Carlson Construction Services	[]	2b. / 770 GA	Address(es) of Establish Pickens Industrial Drive Marietta 30062-	hment	t(s) involved (Street a	nd numt	ber, city, State, ZIP code)	
3a. Employer Representative – Name and John-Paul Braden Owner	1 Title		3b. Address (If san 770 Pickens Indust GA Marietta 30062	me as trial Dri	s 2b – state same)			
3c. Tel. No. (770) 894-3149	3d. Cell No.		3e. Fax No.	-			lail Address n@carlsoncs.com	
4a. Type of Establishment (Factory, mine, w	wholesaler, etc)	4b. Principal p	roduct or service		•	5	a. City and State where unit is located:	
Construction			Intelligent Traffic Sys	stems	Installer		Marietta, GA	
5b. Description of Unit Involved Included: See Attached Page 2 for a	dditional detail	s					6a. No. of Employees in Unit: 8	
Included:		-					6b. Do a substantial number (30%	
							or more) of the employees in he unit no longer wish to be	
Excluded: See Attached Page 2 for a	dditional details	S					represented by the cer ified or	
							currently recognized bargaining	
							representative? Yes 🗸 No	
Check One: 7a. Request for re			tative was made on (Da	ate)	and	I Employ	yer declined recognition on or about	
	- /	(If no reply receiv						
Abs. Name of Recognized or Certified Barg		ed as Bargaining	Representa ive and des					
International Brotherhood of Electrical Worke		ny Mullins Rusir	8b. Addre	ess	501 Pulliam Street SV GA Atlanta 30312-	N #250		
8c. Tel No.	8d Cell No.	ing manne baen	8e. Fax No.			8f. E-M	lail Address	
(404) 523-8107						kennyn	nullins@ibew613.org	
8g. Affiliation, if any International Brotherhood of Electrical Worke	ere		8h. Date of Recognit				iration Date of Current or Most Recent ct, if any (Month, Day, Year)	
				05/200			08/31/2020	
9. Is there now a strike or picketing at the E	mpioyer's establis				imately how many em	pioyees	sare participating?	
(Name of labor organization) 10. Organizations or individuals other than t	those named in it		cketed the Employer sil			d other	emenizations and individuals known to	
have a representative interest in any employ						u ouier	organizations and individuals known to	
10a. Name	10b. Ad	dress		10c. Tel. No.			10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	s an election in th	is matter, state y	our position with respec	t to	11a. Election Type:	🔽 Ma	anual 🔲 Mail 🔲 Mixed Manual/Mail	
any such election. 11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Locati	on(s):		
TBD TBD					770 Pickens Industrial Drive Marietta, Ga 30062			
12a. Full Name of Petitioner (b) (6), (b)	(7)(C)						umber, city, state, and ZIP code)	
Carison Construction Services						o) (6)), (b) (7)(C)	
12c. Full name of national or international la International Brotherhood of Electrical Worke	ers	of which Petition		tituen	t (if none, so state)			
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.		12f. Fax No.			12q. E- (b) (6)	Mail Address , (b) (7)(C)	
13. Representative of the Petitioner who	will accept servi	ice of all papers			• •			
13a. Name and Title			13b. Address (stree	et and	d number, city, state, a	and ZIP	code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	13e. Fax No. 13f. E-Mail Address			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.								
	gnature		Title			Dat	te	
	(b) (6), (b) (7)		(b) (6), (b) (7)(C				19/2019 17:18:37	
WILLFUL FALSE STATEME	NTS ON THIS PE	ETITION CAN BE	PUNISHED BY FINE	AND	IMPRISONMENT (U.	S. COD	E, TITLE 18, SECTION 1001)	

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DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

Attachment

Employees Included

Aerial Linesman, Apprentice-3 Year, Lighting-Traffic Signal Repairman

Employees Excluded None