

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-235070	Date Filed December 9, 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 Waste Connection	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4285 Pace Street SC North Charleston 29405-
---	--

3a. Employer Representative - Name and Title Shayne Newcomb	3b. Address (If same as 2b - state same) 4285 Pace Street SC North Charleston 29405-
---	---

3c. Tel. No. (843) 576-1100	3d. Cell No. (843) 407-3581	3e. Fax No.	3f. E-Mail Address shayne@carolinawaste.com
---------------------------------------	---------------------------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services	4b. Principal product or service Waste Disposal	5a. City and State where unit is located: North Charleston, SC
---	---	--

6b. 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: 80 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	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.

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
--	--	--

12a. Full Name of Petitioner (including local name and number) Sebrina Isom Sebrina Isom General Teamsters Local Union No. 509	12b. Address (street and number, city, state, and ZIP code) 2604 Fish Hatchery Rd SC West Columbia 29172-
---	--

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. (803) 796-6172	12e. Cell No. (803) 862-2552	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.

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) Sebrina Isom	Signature Sebrina Isom	Title Organizer/Business Agent	Date 12/9/2019 12:02:08
-------------------------------------	----------------------------------	--	-----------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
All Full-time and Part-time Drivers

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-252700	Date Filed December 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: United States Postal Service	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7023 Albert Pick Road Greensboro, NC 27409
--	--

3a. Employer Representative - Name and Title: Megan Brennan, Postmaster General	3b. Address (if same as 2b - state same): 475 L'Enfant Plaza SW, Room 4012 Washington, DC 20260
---	--

3c. Tel. No. 202-268-2550	3d. Cell No.	3e. Fax No. 202-268-2760	3f. E-Mail Address Megan.J.Brennan@usps.gov
-------------------------------------	---------------------	------------------------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Postal administrative facility	4b. Principal Product or Service Clerical support	5a. City and State where unit is located: Greensboro, NC
--	---	--

5b. Description of Unit Involved: Included: EAS-18 Specialists at the Employer's Greensboro, NC HRSSC facility	6a. Number of Employees in Unit: 250
--	--

Excluded:
All other classifications, temporary employees, guards and supervisors

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/21/19 and Employer declined recognition on or about (Date) 11/21/19 (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
---	---------------------

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)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): December 17, 2019	11c. Election Time(s): 8 AM- 4 PM	11d. Election Location(s): Nancy James Room, HRSSC
--	---	--

12a. Full Name of Petitioner (including local name and number): American Postal Workers Union, AFL-CIO	12b. Address (street and number, city, State and ZIP code): 1300 L Street NW Washington DC 20005
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Postal Workers Union, AFL-CIO

12d. Tel. No. 202-842-4200	12e. Cell No. 443-980-5586	12f. Fax No. 202-842-4297	12g. E-Mail Address rshelley@apwu.org
--------------------------------------	--------------------------------------	-------------------------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Michael T. Anderson, Lawyer	13b. Address (street and number, city, State and ZIP code): Murphy Anderson PLLC, 1401 K St. NW, Suite 300, Washington DC 20005

13c. Tel. No. 202-223-2620	13d. Cell No.	13e. Fax No. 202-296-9600	13f. E-Mail Address manderson@murphypllc.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) Richard Shelley	Signature 	Title National Field Organizer	Date 12/03/19
---------------------------------	--	-----------------------------------	------------------

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

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

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-253354	Date Filed 12/13/2019

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: Johnston Fire Services LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1200 Mayfield Road, Paducah, KY 42003	
3a. Employer Representative - Name and Title: David Johnston		3b. Address (if same as 2b - state same): same	

3c. Tel. No. (270) 443-3196	3d. Cell No.	3e. Fax No. (270) 444-7671	3f. E-Mail Address johnstonfire@comcast.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal Product or Service Fire Sprinklers	5a. City and State where unit is located: Paducah, KY
5b. Description of Unit Involved: Included: Sprinkler fitters, laborers, and mechanics Excluded:			6a. Number of Employees in Unit: 5
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
--	--------------

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: Election to be held as soon as possible 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): As soon as possible	11c. Election Time(s): As soon as possible	11d. Election Location(s): Neutral space at the worksite
---	---	---

12a. Full Name of Petitioner (including local name and number): Road Sprinkler Fitters Local Union 669	12b. Address (street and number, city, State and ZIP code): 7050 Oakland Mills Road, Suite 200, Columbia, MD 21046
---	---

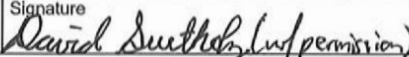
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
UA Sprinkler Fitters Association

12d. Tel. No. (410) 381-4300	12e. Cell No. (270) 556-7171	12f. Fax No. (301) 621-8050	12g. E-Mail Address jeremy@kypipetrades.com
---------------------------------	---------------------------------	--------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: David O'Brien Suetholz, Attorney	13b. Address (street and number, city, State and ZIP code): 515 Park Avenue, Louisville, KY 40208

13c. Tel. No. (502) 636-4333	13d. Cell No.	13e. Fax No. (502) 636-4342	13f. E-Mail Address davids@bsjfirm.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) David O'Brien Suetholz	Signature 	Title Attorney	Date 12/13/19
--	--	-------------------	------------------

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-253493	Date Filed December 18, 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 Durham School Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5401 Barns Avenue VA Roanoke 24019-
---	--

3a. Employer Representative - Name and Title David Brabender	3b. Address (If same as 2b - state same) 5401 Barns Avenue VA Roanoke 24019-
--	---

3c. Tel. No. (540) 970-3000	3d. Cell No. (843) 822-0833	3e. Fax No.	3f. E-Mail Address dbrabender@durhamschoolservices.com
---------------------------------------	---------------------------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Student Transportation	5a. City and State where unit is located: Roanoke, VA
--	---	---

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: 190	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 12/10/2019 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? _____ 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> 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 Location(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 Glenstone Drive NC Durham 27704-
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Amalgamated Transit Union

12d. Tel No. (919) 282-7425	12e. Cell No. (919) 282-7425	12f. Fax No.	12g. E-Mail Address percival.patterson@yahoo.com
---------------------------------------	--	---------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION	13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790

13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.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) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 12/18/2019 10:50:46
--	-------------------------------------	---	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

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

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 10-RC-253803	Date Filed December 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 Turner Plumbing, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1700 26th Avenue AL Tuscaloosa 35401-
--	--

3a. Employer Representative - Name and Title Ricky Turner	3b. Address (If same as 2b - state same) 1700 26th Avenue AL Tuscaloosa 35401-
---	---

3c. Tel. No. (205) 345-4825	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@turnerplumbinginc.net
---------------------------------------	---------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services	4b. Principal product or service Plumbing	5a. City and State where unit is located: Tuscaloosa, AL
--	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 25
Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

11b. Election Date(s): January 16, 2020	11c. Election Time(s): 6:00 AM to 8:00 AM and 3:00 PM to 5:00 PM	11d. Election Location(s): Employee Breakroom at Employer's 1700 26th Avenue facility.
---	--	--

12a. Full Name of Petitioner (including local name and number) Tim Pierce Plumbers and Pipefitters Local 372	12b. Address (street and number, city, state, and ZIP code) 3888 Greensboro Avenue AL Tuscaloosa 35415-
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Association of Journeyman and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO

12d. Tel No. (205) 758-6236	12e. Cell No.	12f. Fax No.	12g. E-Mail Address lu91or@uanet.org
---------------------------------------	----------------------	---------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title Lance Geren Attorney for UA Local 372 O'Donoghue & O'Donoghue, LLP	13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 600 PA Philadelphia 19106-

13c. Tel No. (215) 629-4970	13d. Cell No. (202) 805-6148	13e. Fax No. (215) 629-4996	13f. E-Mail Address lgeren@odonoghuelaw.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) Lance Geren	Signature Lance Geren	Title Attorney for UA Local 372	Date 12/26/2019 09:18:10
------------------------------------	---------------------------------	---	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RD-253683	Date Filed December 20, 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: 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. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
770 Pickens Industrial Drive
GA Marietta 30062-

3a. Employer Representative - Name and Title
John-Paul Braden Owner

3b. Address (If same as 2b - state same)
770 Pickens Industrial Drive
GA Marietta 30062-

3c. Tel. No.
(770) 894-3149

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
jbraden@carlsoncs.com

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

4b. Principal product or service
Intelligent Traffic Systems Installer

5a. City and State where unit is located:
Marietta, GA

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:
8

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 No

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent
International Brotherhood of Electrical Workers Local 613 Kenny Mullins Business Repair

8b. Address
501 Pulliam Street SW #250
GA Atlanta 30312-

8c. Tel No.
(404) 523-8107

8d. Cell No.

8e. Fax No.

8f. E-Mail Address
kennymullins@ibew613.org

8g. Affiliation, if any
International Brotherhood of Electrical Workers

8h. Date of Recognition or Certification
12/05/2007

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
08/31/2020

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.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
TBD

11c. Election Time(s):
TBD

11d. Election Location(s):
770 Pickens Industrial Drive Marietta, Ga 30062

12a. Full Name of Petitioner (b) (6), (b) (7)(C)
Carlson Construction Services

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)
International Brotherhood of Electrical Workers

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

Date
12/19/2019 17:18:37

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

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

Employees Excluded

None