

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-254209	Date Filed January 7, 2020

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:
Dominion Energy North Carolina

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
800 Gaston Rd, Gastonia, NC 28056

3a. Employer Representative - Name and Title:
Scott Swindler, General Manager

3b. Address (if same as 2b - state same):
Trinity Church Rd, Concord, NC 28027

3c. Tel. No. 704-810-3230 **3d. Cell No.** 704-718-4231 **3e. Fax No.** **3f. E-Mail Address** scott.swindler@dominionenergy.com

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

4b. Principal Product or Service
Natural Gas

5a. City and State where unit is located:
See Attachment A

5b. Description of Unit Involved:
Included:
See Attachment A
Excluded:

6a. Number of Employees in Unit:
61

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 01/06/2020 and Employer declined recognition on or about (Date) 01/06/2020 (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)
See Attachment A

8b. Address:
1655 West Market Street, 6th Floor, Akron, OH 44313

8c. Tel. No. 330-926-1444 **8d. Cell No.** See Attachment A **8e. Fax No.** **8f. E-Mail Address** See Attachment A

8g. Affiliation, if any:
See Attachment A

8h. Date of Recognition or Certification
04/30/1947

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/02/2022

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____, 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 and 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): 01/21/2020 **11c. Election Time(s):** To be agreed upon **11d. Election Location(s):** To be agreed upon

12a. Full Name of Petitioner (including local name and number):
Same as 8a. above

12b. Address (street and number, city, State and ZIP code):
Same as 8b. above

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Chemical Workers Union Council of the United Food and Commercial Workers International Union, AFL-CIO

12d. Tel. No. 330-926-1444 **12e. Cell No.** **12f. Fax No.** 330-926-0816 **12g. E-Mail Address** tpoling@icwuc.org

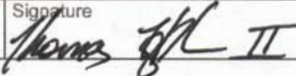
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Thomas Humphries II, ICWUC/UFCW Organizer

13b. Address (street and number, city, State and ZIP code):
1655 West Market Street, 6th Floor, Akron, OH 44313

13c. Tel. No. 330-926-1444 **13d. Cell No.** 828-275-5098 **13e. Fax No.** 330-926-0816 **13f. E-Mail Address** thumphries@icwuc.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) Thomas Humpries II	Signature 	Title ICWUC/UFCW Organizer	Date 01072020
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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

Attachment A

5a. City and State where unit is located:

Raleigh, Durham, Asheville, Statesville & Concord NC

5b. Description of Unit Involved

Included: The petitioner presently represents all hourly paid service department employees and construction and maintenance department employees in what were formerly known as the Company's RALEIGH, DURHAM, ASHEVILLE, STATESVILLE and CONCORD Union locals. This petition seeks a self-determination election for the presently unrepresented all full-time and regular part-time Craft employees (Inspector, Senior Inspector, Pipe Line Maintenance Operator, Pipe Line Maintenance Crew Leader, Field Measurement Technician, Senior Field Measurement Technician, Corrosion Technician, Senior Corrosion Technician, Pipe Line Technician, Pipe Line Inspector).

Excluded: All other employees, including all office and clerical workers, professional employees, guards, and supervisors as defined in the Act.

8a. Name of recognized or certified bargaining agent:

International Chemical Workers Union Council of the UFCW and its Locals 297C (Raleigh), 298C (Durham), and 528C (Asheville, Iredell, Concord).

8d. Cell No.

Local 297C President, Ron Carter 919-516-3730

Local 298C President, Scotty McFarland 919-210-5127

Local 528C President, Richard Walsh 828-279-8443

ICWUC Organizer, Thomas Humphries II 828-275-5098

8f. E-Mail Address

rcarter@icwuc.net

rwalsh@icwuc.net

organizing@icwuc.org

thumphries@icwuc.org

8g. Affiliation, if any:

United Food & Commercial Workers International Union, AFL-CIO, CLC

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 10-RC-254773 Date Filed January 17, 2020

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: Tanner Cuts LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4110 Moseby Street, Columbia, SC 29207 Fort Jackson	
3a. Employer Representative - Name and Title: Wanda Cureton, Owner		3b. Address (if same as 2b - state same): 1000 Tanner Ford Blvd, Ste 130, Hanahan, SC 29410	

3c. Tel. No.	3d. Cell No. 843-532-9028	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beauty salon	4b. Principal Product or Service Beauty services	5a. City and State where unit is located: Columbia SC
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5b. Description of Unit Involved: Included: All regular beauticians. Excluded:	6a. Number of Employees in Unit: 6
	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) January 9, 2020 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): February 5, 2020	11c. Election Time(s): 1:00 pm to 3:00 pm	11d. Election Location(s): Main PX, 4110 Moseby St, Columbia, SC
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12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 204	12b. Address (street and number, city, State and ZIP code): PO Box 347, Clemmons, NC 27012
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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):
The United Food and Commercial Workers International Union, AFL-CIO

12d. Tel. No. 800-634-9870 ext 5	12a. Cell No. 336-918-0940	12f. Fax No. 336-893-8901	12g. E-Mail Address ufcwkennedy@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: David Kennedy, Secretary/Treasurer	13b. Address (street and number, city, State and ZIP code): 5569 Marty Lane, Clemmons, NC 27012

13c. Tel. No. 800-634-9870 ext 5	13d. Cell No. 336-918-0940	13e. Fax No. 336-893-8901	13f. E-Mail Address ufcwkennedy@gmail.com
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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 Kennedy	Signature 	Title Secretary Treasurer	Date 1/16/20
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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

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: Zero Waste Solutions	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 1850 Gateway Blvd. #1030 Concord, CA 94520
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3a. Employer Representative - Name and Title: Joe Strange - site manager	3b. Address (if same as 2b - state same): 114 Loughlin Rd Ft. Benning, GA 31905
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3c. Tel. No. 706-905-8131	3d. Cell No.	3e. Fax No.	3f. E-Mail Address joe@zerowastesolutions.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) service provider	4b. Principal Product or Service waste disposal	5a. City and State where unit is located: Ft. Benning, GA
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5b. Description of Unit Involved: Included: All part time and regular full time drivers, mechanics and helpers	6a. Number of Employees In Unit: 5
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Excluded: Office clerical and professional employees, guards, & supervisors as defined by the act	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
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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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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: **Organizer**
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): 1/29/2020	11c. Election Time(s): 2:00pm - 3:00pm	11d. Election Location(s): 6485 Indianhead Rd Ft. Benning, GA 31995
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12a. Full Name of Petitioner (including local name and number): Ed Caines International Union of Operating Engineers 926	12b. Address (street and number, city, State and ZIP code): PO Box 170 Rex, GA 30273
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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):
International Union of International Engineers Local926

12d. Tel. No. 770-474-5926	12e. Cell No.	12f. Fax No. 770-474-5902	12g. E-Mail Address ed@iuoe926.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Ed Caines - Organizer	13b. Address (street and number, city, State and ZIP code): PO Box 170 Rex, GA 30273

13c. Tel. No. 770-474-5926	13d. Cell No.	13e. Fax No. 770-474-5902	13f. E-Mail Address ed@iuoe926.org
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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) Ed Caines	Signature	Title Organizer	Date 1/22/2020
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-255011	Date Filed 01-23-2019

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 No Evil Foods, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 108 Monticello Rd Suite 2000 NC Weaverville 28787-
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3a. Employer Representative - Name and Title Mike Woliansky	3b. Address (If same as 2b - state same) 108 Monticello Rd Suite 2000 NC Weaverville 28787-
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3c. Tel. No. (828) 367-1536	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mike@noevilfoods.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing	4b. Principal product or service Producing plant-based meat	5a. City and State where unit is located: Weaverville, NC
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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: 50	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"/>
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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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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
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11b. Election Date(s): 2/12/2020	11c. Election Time(s): 11:00 AM to 3:30 PM	11d. Election Location(s): Conference Room
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12a. Full Name of Petitioner (including local name and number) Alejandro Miranda United Food and Commercial Workers Union Local 1208	12b. Address (street and number, city, state, and ZIP code) 14400 Highway 87 West NC Tar Heel 28382-
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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)
United Food and Commercial Workers International Union

12d. Tel No. (202) 341-3455	12e. Cell No.	12f. Fax No.	12g. E-Mail Address AMiranda@ufcw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Blaine Taylor Butsavagé & Durkalski, P.C.	13b. Address (street and number, city, state, and ZIP code) 1920 L St NW #301 DC Washington 20036-
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13c. Tel No. (202) 861-9700	13d. Cell No.	13e. Fax No. (202) 861-9711	13f. E-Mail Address btaylor@butsavage.com
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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) Blaine Taylor	Signature Blaine Taylor	Title	Date 01/22/2020 15:10:46
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
10-RC-255011	01-23-2020

Employees Included

All regular full-time and part-time production workers, janitors, and dishwashers.

Employees Excluded

Warehouse associates, office and clerical employees, and supervisors as defined by the Act.

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

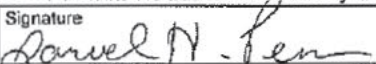
DO NOT WRITE IN THIS SPACE

Case No.

10-RC-255092

Date Filed

January 24, 2020

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: VOESTALPINE METALS		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2306 EASTOVER DRIVE SOUTH BOSTON, VA 24592	
3a. Employer Representative - Name and Title: MICHAEL CHESSOCK, HR MGR		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address MICHAEL.CHESSOCK@BOHLER.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) OTHER		4b. Principal Product or Service STEEL PRODUCTS	5a. City and State where unit is located: SOUTH BOSTON, VA
5b. Description of Unit Involved: Included: PRODUCTION AND MAINTENANCE EMPLOYEES Excluded: SALARY, CLERICAL, GUARDS AND SUPERVISORS			5a. Number of Employees in Unit: 23 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) 1-23-2020 and Employer declined recognition on or about (Date) (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)		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> 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): 2-28-2020	11c. Election Time(s): 6:00a.m. - 7:30a.m. 2:00p.m. - 3:30p.m.		11d. Election Location(s): EMPLOYEE BREAKROOM
12a. Full Name of Petitioner (including local name and number): SAMUEL H. PENN, USW STAFF REPRESENTATIVE		12b. Address (street and number, city, State and ZIP code): 5338 PETERS CREEK ROAD, SUITE C ROANOKE, VA 24019	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITED STEELWORKERS (USW) AFL-CIO			
12d. Tel. No. 540-563-5022	12e. Cell No. 704-458-7041	12f. Fax No. 540-563-5150	12g. E-Mail Address SPENN@USW.ORG
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) SAMUEL H. PENN	Signature 	Title USW STAFF REPRESENTATIVE	Date 1-23-2020

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-255436	Date Filed January 30, 2020

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 - 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 L3 HARRIS		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 641 LANCE AVE. SHAW AFB, SC 29152	
3a. Employer Representative - Name and Title DAWN ST. JOHN		3b. Parent Company Address (if same as 2b - state same) 2200 ARLINGTON DOWNS RD., ARLINGTON, TX 76011	
3c. Tel. No. 803-666-5273	3d. Cell No. 803-505-0092	3e. Fax No.	3d. E-Mail Address DAWN.ST.JOHN@L3HARRIS.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SERVICE CONTRACT		4b. Principal product or service SERVICE CONTRACT	
		5a. City and State where unit is located: SHAW AFB, SC	

5b. Description of Unit Involved Included: ALL FULL AND REGULAR PART TIME SIMULATOR TECHNICIANS WORKING AT SHAW AIR FORCE BASE, SUMTER SOUTH CAROLINA.		6a. No. of Employees in Unit: 5
Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.		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 Petition will serve as request for recognition 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 N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A 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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

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): FEBRUARY 26, 2020	11c. Election Time(s): 11:00 AM - 1:00 PM	11d. Election Location(s): BREAK RM OR CONFERENCE ROOM: 641 LANCE AVE. BLDG 1505 SHAW AFB, SC 29152	

12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011
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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)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@IAMAW.ORG

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

Name (Print) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 01/30/2020
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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

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FORM NLRB-502 (RD)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RD-255171	Date Filed 1-27-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Asplundh Tree Expert LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 708 Blair Mill Rd. Willow Grove Pa 19090-1701
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3a. Employer Representative - Name and Title John Dettl Labor relations manager	3b. Address (If same as 2b - state same) same
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3c. Tel. No. 800-248-8733	3d. Fax No. 215-784-1371	3e. Cell No. 215-284-5816	3f. E-Mail Address jdettl@asplundh.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) utilities	4b. Principal product or service Line Clearance/Tree Trimmer
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5a. Description of Unit Involved Included: All full time and regular part-time employees of the employer performing line clearance tree trimming Excluded: All other employees, general forepersons, office clerical employees, and supervisors defined in the act	5b. City and State where unit is located: Rocky Mount, Va
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6. No. of Employees in Unit 16	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Bert McDermitt Jr.	8b. Affiliation, if any none
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8c. Address 1348 Madison Avenue Suite A P.O. Box 9275 Huntington, WV 25704	8d. Tel. No. 304-429-5013	8e. Cell No. 304-550-7272
	8f. Fax No. 304-429-5015	8g. E-Mail Address bert.mcdermitt@ibew.org

9. Date of Recognition or Certification none	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) none
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating? 0
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11c. The Employer has been picketed by or on behalf of (Insert Name) none (Insert Address) none	11d. If so, approximately how many employees are participating? 0 a labor organization, of since (Month, Day, Year) none
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12. Organizations or individuals other than those named in Items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If none, so state) (b) (6), (b) (7)(C)

12a. Name (b) (6), (b) (7)(C)	12b. Address (b) (6), (b) (7)(C)	12c. Tel. No. (b) (6), (b) (7)(C)	12d. Fax No. none
		12e. Cell No. (b) (6), (b) (7)(C)	12f. E-Mail Address (b) (6), (b) (7)(C)

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Foreperson	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) 2/19/2020	13c. Election Time(s) 5:45pm-6:45pm	13d. Election Location(s) Public Library 355 Franklin St. Rocky Mt. Va 24151
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14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. none
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any none

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

15a. Name Bert McDermitt Jr.	15b. Title IBEW State Org. Coordinator
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15c. Address (Street and number, city, state, ZIP code) 1348 Madison Avenue Suite A P.O. Box 9275 Huntington, WV 25704	15d. Tel. No. 304-429-5013	15e. Fax No. 304-429-5015
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	15f. Cell No. 304-550-7272	15g. E-Mail Address bert.mcdermitt@ibew.org
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I declare that I have read the above petition and (b) (6), (b) (7)(C) 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 Filed 1-24-2020
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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

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