

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No <b>10-RC-260069</b>	Date Filed <b>May 7, 2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>FLIGHT SAFETY SERVICES CORPORATION</b>	2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) <b>1320 REFUELING PLAZA BLDG 4916, SEYMOUR JOHNSON AFB, NC 27531</b>
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3a. Employer Representative - Name and Title <b>MARK DARNELL - TEAMMATE RESOURCES</b>	3b. Parent Company Address (if same as 2b - state same) <b>6755 YAMPA ST., DENVER, CO 80249</b>
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3c. Tel. No. <b>303-783-3205</b>	3d. Cell No.	3e. Fax No.	3d. E-Mail Address <b>MARK.DARNELL@FLIGHTSAFETY.COM</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SQUADRON OPS BUILDING</b>	4b. Principal product or service <b>AIRCRAFT SIM INSTRUCTION/GOVERNMENT SERVICES/SCA</b>	5a. City and State where unit is located: <b>SEYMOUR JOHNSON AFB, NC</b>
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5b. Description of Unit Involved Included: <b>ALL FULL TIME PILOT AND BOOM OPERATOR SIMULATOR INSTRUCTORS AS WELL AS SIMULATOR TECHNICIANS WORKING AT SEYMOUR JOHNSON AFB, NC.</b> Excluded: <b>OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, SUPERVISORS, AS DEFINED IN THE ACT.</b>	6a. No. of Employees in Unit. <b>5</b> 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 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). <b>NONE</b>	8b. Address <b>N/A</b>
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8c. Tel. No. <b>N/A</b>	8d. Cell No. <b>N/A</b>	8e. Fax No. <b>N/A</b>	8f. E-Mail Address <b>N/A</b>
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8g. Affiliation, if any <b>N/A</b>	8h. Date of Recognition or Certification <b>N/A</b>	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A</b>
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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 <b>N/A</b>	10b. Address <b>N/A</b>	10c. Tel. No. <b>N/A</b>	10d. Cell No. <b>N/A</b>
		10e. Fax No. <b>N/A</b>	10f. E-Mail Address <b>N/A</b>

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): <b>05/28/2020</b>	11c. Election Time(s): <b>10:30 AM - 11:00 AM</b>	11d. Election Location(s): <b>BREAK ROOM</b>
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12a. Full Name of Petitioner (including local name and number) <b>IAMAW, AFL-CIO</b>	12b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011</b>
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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**

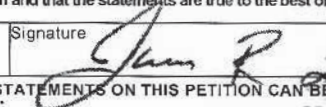
12d. Tel. No. <b>817-505-0100</b>	12e. Cell No.	12f. Fax No. <b>817-459-0107</b>	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE</b>	13b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011</b>
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13c. Tel. No. <b>817-505-0100</b>	13d. Cell No. <b>682-401-7835</b>	13e. Fax No. <b>817-459-0107</b>	13d. E-Mail Address <b>JLITTLE@IAMAW.ORG</b>
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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) <b>JAMES R. LITTLE</b>	Signature 	Title <b>GRAND LODGE REPRESENTATIVE</b>	DATE <b>05/27/2020</b>
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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.

FORM NLRB-502 (RD)  
(4-16)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE  
Case No. **10-RD-260347** Date Filed **May 13, 2020**

**INSTRUCTIONS:** Unless a Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Bluefield Regional Medical Center		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, city, State, ZIP code) 500 Cherry Street WV Bluefield 24701-	
<b>3a. Employer Representative - Name and Title</b> Winnie Newberry Human resource Director		<b>3b. Address</b> (If same as 2b - state same) 500 Cherry Street WV Bluefield 24701-	
<b>3c. Tel. No.</b> (304) 327-1713	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (304) 327-1886	<b>3f. E-Mail Address</b> winnie.newberry@bluefieldregional.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare facilities		<b>4b. Principal product or service</b> hospital	
			<b>5a. City and State where unit is located:</b> Bluefield, WV

<b>5b. Description of Unit Involved</b> Included: See Attached Page 2 for additional details  Excluded: See Attached Page 2 for additional details	<b>5a. No. of Employees in Unit:</b> 74  <b>5b. 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?</b> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> National Nurses United Barry Roberts representative		<b>8b. Address</b> WV Beckley 25801-	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b> (304) 552-7085	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> broberts@nationalnurseunited.org
<b>8g. Affiliation, if any</b> none		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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) \_\_\_\_\_

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

**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):** 06/01/2020  
**11c. Election Time(s):** 8am  
**11d. Election Location(s):** TBA

<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C) Bluefield Regional Medical Center	<b>12b. Address</b> (street and number, city, state, and ZIP code) 500 Cherry Street
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) WV Bluefield 24701-	

<b>12d. Tel No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b> (b) (6), (b) (7)(C)	<b>12f. Fax No.</b> (b) (6), (b) (7)(C)	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date</b> 05/11/2020 14:17:19
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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 will cause the NLRB to decline to invoke its processes.



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\* - indicates required field

### Review - Decertification Petition

Review the information below before submitting the form. Click on the "Back" button to go back and make any changes.

#### Petitioner Information

Name: (b) (6), (b) (7)(C)  
 Title: (b) (6), (b) (7)(C)  
 Organization: (b) (6), (b) (7)(C)  
 Email: (b) (6), (b) (7)(C)

Address:

500 Cherry Street,

Bluefield WV 24701-\_\_\_\_\_

Phone: (b) (6), (b) (7)(C)  
 Mobile: (b) (6), (b) (7)(C)  
 Fax: (b) (6), (b) (7)(C)

#### Employer Contact Information

Employer Name: Bluefield Regional Medical Center  
 Employer Representative: Winnie Newberry  
 Title: Human resource Director  
 E-Mail: winnie.newberry@bluefieldregional.org

NLRB Charge and Petition

**Address:**

500 Cherry Street

Bluefield WV 24701-\_\_\_\_\_

**Employer Contact:**

**Address:**

500 Cherry Street

Bluefield WV 24701-\_\_\_\_\_

**Phone:** (304) 327-1773

**Fax:** (304) 327-1896

**Dispute Location:** Bluefield, WV

**Region Assigned:** Region 10, Atlanta, Georgia (SUB REGION -  
Winston Salem, NC)

**Type of Business:** Healthcare Facilities

**Product or Service:** hospital

**Description of Unit Involved:**

**Employees Included:** Nurses

**Employees Excluded:** all others

**How many employees are in the unit?** 74

**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? Y**

**Recognized or Certified Bargaining Agent**

**Union you are attempting to decertify:** National Nurses United

**Representative Information:**

**Name:**

Barry Roberts

**Title:** representative

**E-Mail:** broberts@nationalnurseunited.org

**Affiliation, if any:** none

**Expiration Date of Current or Most Recent Contract:**

**Address:**

Beckley WV 25801-\_\_\_\_

**Mobile:** (304) 552-7065

**Election Details**

**Election Type:** Mail

**Election Location(s):** TBA

**Election Date:** 06/01/2020

**Election Time:** 8am

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