

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
03-RC-237204

Date Filed  
3/7/2019

**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.

<b>2a. Name of Employer</b> Tri-Valley Transit/dba Stagecoach Transportation Services		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1 L Street VT Randolph 05060-	
<b>3a. Employer Representative - Name and Title</b> James Moulton		<b>3b. Address</b> (If same as 2b - state same) 297 Creek Rd. VT Middlebury 05753-	
<b>3c. Tel. No.</b> (802) 388-2287	<b>3d. Cell No.</b> (802) 355-2287	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jim@trivalleytransit.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> public transit	
		<b>5a. City and State where unit is located:</b> Randolph, VT	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 4
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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> (If none, so state). Teamsters Local 597 William Kelly		<b>8b. Address</b> P.O. Box 277 VT South Barre 05670-	
<b>8c. Tel No.</b> (802) 476-4159	<b>8d. Cell No.</b> (802) 747-8476	<b>8e. Fax No.</b> (802) 476-4150	<b>8f. E-Mail Address</b> Bill@teamsterslocal597.net
<b>8g. Affiliation, if any</b> International Brotherhood of Teamsters		<b>8h. Date of Recognition or Certification</b> 06/30/2019	

**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)

<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.

<b>11b. Election Date(s):</b> March 11-29	<b>11c. Election Time(s):</b> 8-5	<b>11d. Election Location(s):</b> Randolph VT.
<b>12a. Full Name of Petitioner (including local name and number)</b> William Kelly Chauffeurs, Teamsters, Warehousemen and Helpers Local Union no. 597		<b>12b. Address (street and number, city, state, and ZIP code)</b> P.O. Box 277 VT South Barre 05670-

**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

<b>12d. Tel No.</b> (802) 476-4159	<b>12e. Cell No.</b> (802) 747-8476	<b>12f. Fax No.</b> (802) 476-4150	<b>12g. E-Mail Address</b> Bill@teamsterslocal597.net
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<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> William Kelly	<b>Signature</b> William Kelly	<b>Title</b> Recording Secretary/Business Agent	<b>Date</b> 03/7/2019 05:24:50
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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

**Employees Included**

dispatchers, dispatcher leads, program support & volunteer coordinators

**Employees Excluded**

supervisors, professional employees and guards as defined in the Act

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

DO NOT WRITE IN THIS SPACE

Case No.

03-RC-237360

Date Filed

3/11/2019

**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**

Nova Bus

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)

260 Banker Road  
NY Plattsburgh 12901-

**3a. Employer Representative - Name and Title**

Greg Cody

**3b. Address** (If same as 2b - state same)

260 Banker Road  
NY Plattsburgh 12901-

**3c. Tel. No.**

(516) 566-6682

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

Auto & Truck Manufacturers

**4b. Principal product or service**

buses

**5a. City and State where unit is located:**

Plattsburgh, NY

**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:**

159

**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) \_\_\_\_\_ **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?** \_\_\_\_\_ 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:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
April 10, 2019

**11c. Election Time(s):**  
6 am to 8 am, and 2 pm to 4 pm

**11d. Election Location(s):**  
plant break room

**12a. Full Name of Petitioner (including local name and number)**

Mickey Smith  
Mickey Smith Teamsters Local 687

**12b. Address (street and number, city, state, and ZIP code)**

14 Elm Street  
NY Potsdam 13676-

**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.**

(315) 265-6125

**12e. Cell No.**

(315) 244-6776

**12f. Fax No.**

(315) 265-1403

**12g. E-Mail Address**

mickey.smith03@yahoo.com

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

**13a. Name and Title**  
Mimi Satter Attorney  
Satter Law Firm

**13b. Address (street and number, city, state, and ZIP code)**  
217 South Salina Street  
NY Syracuse 13202-

**13c. Tel No.**

(315) 471-0405

**13d. Cell No.**

**13e. Fax No.**

(315) 471-7849

**13f. E-Mail Address**

msatter@satterlaw.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)**

Mickey Smith

**Signature**

Mickey Smith

**Title**

Business Agent

**Date**

03/11/2019 10:05:46

**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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included  
Nova Bus Assemblers

Employees Excluded  
All Officer personnel, planners, engineering, Admin assistant, Plant manager,  
Production managers, quality (all), HR, warehouse, Maintenance, group  
leads/coordinators, electrical, all Prevost assemblers, security, all support staff,  
trainers, inventory techs

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

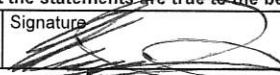
3-RC-238346

Date Filed

March 26, 2019

**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.

<b>2a. Name of Employer:</b> Cascades Mill		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4001 Packard Road, Niagara Falls, NY 14303	
<b>3a. Employer Representative - Name and Title:</b> Normand Laporte, <i>General Manager</i>		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 716-285-3681	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> 716-285-3767	<b>3f. E-Mail Address</b> normand_laporte@cascades.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory		<b>4b. Principal Product or Service</b> Cardboard Manufacturer	<b>5a. City and State where unit is located:</b> Niagara Falls, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All Production and Maintenance Employees <b>Excluded:</b> Office clerical, professional, managerial, guards and supervisors as defined in the Act			<b>6a. Number of Employees in Unit:</b> 110
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> _____ <b>and Employer declined recognition on or about (Date)</b> _____ (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b> <i>Petitioner Serves as Demand</i>			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ <b>If so, approximately how many employees are participating?</b> _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<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>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> April 24, 2019		<b>11c. Election Time(s):</b> 3:00 PM-5:00 PM and 6:00 PM-8:00 PM	<b>11d. Election Location(s):</b> Upstairs Conference Center
<b>12a. Full Name of Petitioner (including local name and number):</b> International Association of Machinists and Aerospace Workers, District Lodge 65, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 9017A Main Street PO Box 221, Rushford, NY 14777	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel. No.</b> 585-204-4017	<b>12e. Cell No.</b> 585-610-0207	<b>12f. Fax No.</b> 585-204-4130	<b>12g. E-Mail Address</b> dist65rwarner@yahoo.com
<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> Nicholas A. Scotto, Special Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 26 Court St, Suite 1710, Brooklyn, NY 11242	
<b>13c. Tel. No.</b> (929) 226-1724	<b>13d. Cell No.</b> (631) 219-4116	<b>13e. Fax No.</b> (646) 902-5720	<b>13f. E-Mail Address</b> nscotto@iamaw.org
<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>			
<b>Name (Print)</b> Nicholas A. Scotto		<b>Signature</b> 	<b>Title</b> Special Representative
			<b>Date</b> 3/26/2019

**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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