

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

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-238893	Date Filed APRIL 3, 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**  
Cabell Huntington Hospital Family Urgent Care

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2 Stonecrest Drive  
WV Huntington 25704-

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

**3b. Address (If same as 2b - state same)**  
1340 Hal Greer Blvd  
Huntington 25701-

**3c. Tel. No.** (304) 526-2000

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

**4b. Principal product or service**

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

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
10

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

**Excluded:** 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.

**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)**

<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):** ASAP

**11c. Election Time(s):** Working Hours

**11d. Election Location(s):** At the facility

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

**12b. Address (street and number, city, state, and ZIP code)**  
9 Meadow Ln  
WV Huntington 25704-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Retail Wholesale Department Store Union

**12d. Tel No.** (304) 690-5789

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address** jware@rwdsu.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.**

<b>Name (Print)</b> Robert Ware	<b>Signature</b> Robert Ware	<b>Title</b> International Representative	<b>Date</b> 04/1/2019 14:18:20
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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**

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**

Attachment

Case

09-RC-238893

Date Filed

APRIL 3, 2019

**Employees Included**

MA, RAD Tech, MA/Receptionist, Receptionist, R.T (n), MA, X-Ray

**Employees Excluded**

Supervisory with authority to hire, fire, discipline

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-239026	Date Filed 4-4-2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 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> Blackhawk Mining, LLC Toms Fork Plant	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 100 Toms Fork Rd Eskdale, WV 25075
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<b>3a. Employer Representative - Name and Title:</b> Colin Milam, Human Resources	<b>3b. Address (if same as 2b - state same):</b> PO Box 57 Wharton, WV 25208
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<b>3c. Tel. No.</b> 304-380-0311	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 304-245-5622	<b>3f. E-Mail Address</b> cmilam@blackhawkmining.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Plant & Loadout	<b>4b. Principal Product or Service</b> Coal	<b>5a. City and State where unit is located:</b> Eskdale, WV 25075
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All prod. & maint. employees employed at Toms Fork Plant MSHA #4608465 <b>Excluded:</b> All supervisory, office, clerical, technical, professional, security as defined in the Act.	<b>6a. Number of Employees in Unit:</b> 31	<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
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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 (if none, so state)</b>	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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>
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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)**

<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:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> April 18, 2019	<b>11c. Election Time(s):</b> 5:30 a.m. - 6:30 p.m.	<b>11d. Election Location(s):</b> Safety meeting office
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<b>12a. Full Name of Petitioner (including local name and number):</b> United Mine Workers of America, Region II	<b>12b. Address (street and number, city, State and ZIP code):</b> 2306 S. Fayette Street Beckley, WV 25801
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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, United Mine Workers of America - AFL-CIO

<b>12d. Tel. No.</b> 304-252-0611	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 304-252-0615	<b>12g. E-Mail Address</b> jrichardson@umwa.org
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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> Floyd Conley, UMWA International Representative	<b>13b. Address (street and number, city, State and ZIP code):</b> 2306 S. Fayette St. Beckley, WV 25801
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<b>13c. Tel. No.</b> 304-252-0611	<b>13d. Cell No.</b> 304-206-5883	<b>13e. Fax No.</b> 304-252-0615	<b>13f. E-Mail Address</b> fconley@umwa.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.

<b>Name (Print)</b> Floyd Conley	<b>Signature</b> 	<b>Title</b> UMWA Int'l Representative	<b>Date</b> 4/4/2019
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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.  
**09-RC-239976**

Date Filed  
**April 19, 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**  
Columbus Arenas Sports and Entertainment (CASE)/Nationwide aka Co

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
200 West Nationwide Blvd  
OH Columbus 43215-

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

**3b. Address (If same as 2b - state same)**  
200 West Nationwide Blvd  
OH Columbus 43215-

**3c. Tel. No.**  
(614) 292-6455

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
riggs.44@osu.edu

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

**4b. Principal product or service**  
Arena management

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

**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:**  
150

**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? 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:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
Beginning May 6th

**11c. Election Time(s):**  
period of at least 2 weeks

**11d. Election Location(s):**  
mail ballot

**12a. Full Name of Petitioner (including local name and number)**  
Brian Thomas  
International Alliance of Theatrical Stage Employees and Moving Picture Operators (IATSE), Local 12

**12b. Address (street and number, city, state, and ZIP code)**  
566 East Rich Street  
OH Columbus 43215-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Alliance of Theatrical Stage Employees and Moving Picture Operators (IATSE)

**12d. Tel No.**  
(614) 221-3753

**12e. Cell No.**  
(614) 560-0579

**12f. Fax No.**  
(614) 221-0078

**12g. E-Mail Address**  
businessagent@iatse.org

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

**13a. Name and Title**  
Cathrine Harshman Attorney  
Hunter Camahan Shoub Byard & Harshman

**13b. Address (street and number, city, state, and ZIP code)**  
3360 TREMONT RD SUITE 230  
OH COLUMBUS 43221-

**13c. Tel No.**  
(614) 442-5626

**13d. Cell No.**

**13e. Fax No.**  
(614) 442-5625

**13f. E-Mail Address**  
charshman@hcands.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)**  
Cathrine Harshman

**Signature**  
Cathrine Harshman

**Title**  
Attorney

**Date**  
04/19/2019 11:52:20

**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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**DO NOT WRITE IN THIS SPACE**

Case	Date Filed
09-RC-239976	April 19, 2019

Attachment

**Employees Included**

All part-time, on-call, and per diem stagehands, including stage riggers, stage electricians, carpenters, loaders, spotlight operators, aerial lift operators, cable pagers, scaffold crew, stage-building crew, video operators, sound/audio operators, wardrobe, hair, and make-up employed to work at the Nationwide Arena facility.

**Employees Excluded**

All arena electricians, box office employees/ticket takers, ushers, concession staff, custodians, maintenance, changeover crew, operations, building engineers, office and clerical staff, security, and other employees excluded by the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>09-RC-240286</b>	Date Filed <b>APRIL 25, 2019</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.

<b>2a. Name of Employer</b> Pleasant Valley Hospital	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2520 Valley Drive, Point Pleasant, WV 25550
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<b>3a. Employer Representative - Name and Title</b> Emily Gaskins, HR Director	<b>3b. Address (If same as 2b - state same)</b> Same
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<b>3c. Tel. No.</b> 3046751708	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 3046756975	<b>3f. E-Mail Address</b> egaskins@pvalley.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital	<b>4b. Principal product or service</b> Patient Care	<b>5a. City and State where unit is located:</b> Point Pleasant, WV
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time and per diem Registered Nurses employed by Pleasant Valley Hospital at its acute care hospital located in Point Pleasant, WV <b>Excluded:</b> All other employees including temporary employees, office clerical and professional employees, technical and skilled maintenance unit employees, guards, and supervisors as defined in the Act	<b>6a. No. of Employees in Unit:</b> Approximately 70 <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"/></b>
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**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (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 (If none, so state).</b> None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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>
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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

<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>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 5/15/19	<b>11c. Election Time(s):</b> 6-7:30am, 11:30am-1pm, 6-7pm	<b>11d. Election Location(s):</b> McNeill Conference Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC	<b>12b. Address (street and number, city, state, and ZIP code)</b> 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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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 Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

<b>12d. Tel No.</b> (412) 562-2529	<b>12e. Cell No.</b> (724) 840-4398	<b>12f. Fax No.</b> (412) 562-2555	<b>12g. E-Mail Address</b> astenman@usw.org
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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> Amber Stenman, USW Field Organizer	<b>13b. Address (street and number, city, state, and ZIP code)</b> 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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<b>13c. Tel No.</b> (412) 562-2529	<b>13d. Cell No.</b> (724) 840-4398	<b>13e. Fax No.</b> (412) 562-2555	<b>13f. E-Mail Address</b> astenman@usw.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.**

<b>Name (Print)</b> Amber Stenman	<b>Signature</b> <i>Amber Stenman</i>	<b>Title</b> USW Field Organizer	<b>Date</b> 4/25/19
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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**

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INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 <b>Republic Svc</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>1577 W River Rd DAYTON OH 45417</b>	
3a. Employer Representative - Name and Title <b>Jeff Soule</b>		3b. Address (If same as 2b - state same) <b>SAME</b>	
3c. Tel. No. <b>(513) 612-3786</b>	3d. Fax No.	3e. Cell No. <b>(513) 377-9423</b>	3f. E-Mail Address <b>JSoule@RepublicSVC.COM</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Sanitation</b>		4b. Principal product or service <b>Refuge Removal</b>	

5a. Description of Unit Involved Included: <b>Drivers, Helpers, mechanics &amp; utility personnel</b> Excluded:		5b. City and State where unit is located: <b>DAYTON OHIO</b>
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6. No. of Employees in Unit **45** 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?  Yes  No

8a. Name of Recognized or Certified Bargaining Agent <b>Local # 957 TEAMSTERS</b>		8b. Affiliation, if any	
8c. Address <b>2719 ARMSTRONG LN DAYTON OH 45414</b>		8d. Tel. No. <b>(937) 278-5781</b>	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification **9/22/2015** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) **8/15/2019**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved?  Yes  No 11b. If so, approximately how many employees are participating?  
11c. The Employer has been picketed by or on behalf of (Insert Name) \_\_\_\_\_ a labor organization, of (Insert Address) \_\_\_\_\_ since (Month, Day, Year) \_\_\_\_\_

12. Organizations or individuals other 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)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type:  Manual  Mail  Mixed Manual/Mail  
13b. Election Date(s) **5/1/19** 13c. Election Time(s) **11:00 AM - 7:00 PM** 13d. Election Location(s) **REPUBLIC SVC**

14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b> <b>(b) (6), (b) (7)(C)</b>		14b. Tel. No.	14c. Fax No.
		14d. E-Mail Address <b>(b) (6), (b) (7)(C)</b>	

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>(b) (6), (b) (7)(C)</b>		15b. Title	
15c. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		15d. Tel. No.	15e. Fax No.
		15f. E-Mail Address <b>(b) (6), (b) (7)(C)</b>	

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)** Title **(b) (6), (b) (7)(C)** Date Filed **4/11/19**