

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-251524	Date Filed 11/12/2019

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 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: Wright Tree Service
2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 5930 Grand Avenue West Des Moines, Iowa 50266

3a. Employer Representative - Name and Title: Wade Myers Senior Vice President of Operations
3b. Address (if same as 2b - state same): Same

3c. Tel. No. 515-271-1115
3d. Cell No. 515-306-1426
3e. Fax No. 515-274-3852
3f. E-Mail Address wmyers@wrighttree.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility
4b. Principal Product or Service Line Clearance Tree Trimming
5a. City and State where unit is located: Louisville, KY

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

6a. Number of Employees in Unit: 54
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) 11/08/2019 on or about (Date) 11/08/2019 (if no reply received, so state) and Employer declined recognition
 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) N/A

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 11/26/2019
11c. Election Time(s): 5:45 P.M. - 7:30 P.M.
11d. Election Location(s): Northeast Regional Library / Louisville, KY.

12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local Union 369, AFL-CIO, CLC
12b. Address (street and number, city, State and ZIP code): 533 Buck Place, Lexington, Kentucky 40511

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers

12d. Tel. No. 859-252-8872
12e. Cell No. 502-271-9917
12f. Fax No. 859-252-8873
12g. E-Mail Address cspivey@ibewlocal369.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Chris Spivey / Business Agent
13b. Address (street and number, city, State and ZIP code): 533 Buck Place Lexington, Kentucky 40511

13c. Tel. No. 859-252-8872
13d. Cell No. 502-271-9917
13e. Fax No. 859-252-8873
13f. E-Mail Address cspivey@ibewlocal369.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) Chris Spivey Signature Chris Spivey Title Business Agent Date 11/11/19

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

5.b Description of Unit Involved

Included:

All full time and part time employees of the employer performing Line Clearance Tree Trimming and routine maintenance cutting work on Louisville Gas & Electric property including working crew forepersons, work planners/permission persons, trimmers, trimmer trainees, ground persons, and spray persons.

Excluded:

Office Clerical employees, professional employees, guards and supervisors as defined in the Act, all other employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-251542	Date Filed November 12, 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 Oracle Elevator Holdco, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 717 Allendale Dr., Lexington, KY 40509 and 4523 Knopp Ave., Louisville, KY 40213
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3a. Employer Representative - Name and Title Roger Smith, General Manager	3b. Address (if same as 2b - state same) Louisville address above
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3c. Tel. No. 502-363-9300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address roger.smith@oracleelevator.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Elevator service, repair, modernization, construction	4b. Principal product or service Elevator service, repair, modernization, construction	5a. City and State where unit is located: Lexington & Louisville, KY
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5b. Description of Unit involved Included: All full time and regular part time employees of the employer employed at the Company's Louisville and Lexington, Kentucky locations who perform elevator service, maintenance, repair, modernization, and/or construction in the field. Excluded: All other employees, including all guards, supervisors, and office clericals as defined in the Act.	6a. No. of Employees in Unit: approximately 19 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). 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.

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

11b. Election Date(s): November 20 - December 18, 2019	11c. Election Time(s): N/A	11d. Election Location(s): N/A
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12a. Full Name of Petitioner (including local name and number) International Union of Elevator Constructors, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 7154 Columbia Gateway Drive, Columbia, MD 20146
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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 Elevator Constructors, AFL-CIO

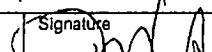
12d. Tel. No. 410-953-6150	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Jennifer Simon and Kathleen Bichner, Counsel	13b. Address (street and number, city, state, and ZIP code) O'Donoghue & O'Donoghue LLP 5301 Wisconsin Ave. NW, 8th Floor, Washington DC 20015
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13c. Tel. No. 202 362 0041	13d. Cell No.	13e. Fax No. 202 362 2640	13f. E-Mail Address jsimon@odonoghuetlaw.com, kbichner@odonoghuetlaw.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) Jennifer R. Simon	Signature 	Title Attorney	Date 11/12/19
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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.