

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RC-257236	Date Filed 3/2/20

**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 8b 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-605); 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:  
**SKYLIFT**

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
**3000 Leavitt Road Unit #6 Lorain, Ohio 44052**

3a. Employer Representative - Name and Title:  
**Mike Naughton- COO, CFO**

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

3c. Tel. No.  
**440-960-2100**

3d. Cell No. **216-469-2828-6780**

3e. Fax No.  
**440-960-2104**

3f. E-Mail Address  
**mike@skyliftus.com**

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

4b. Principal Product or Service  
**casement specialty machinery**

4c. City and State where unit is located:  
**Lorain, Ohio**

5a. Description of Unit Involved:  
Included:  
**All hourly Production, Shipping/Receiving and Trades employees**

Excluded:  
**All Managers, Supervisors, Office personnel and security as defined by the Act**

6a. Number 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  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) **2-29-2020** and Employer declined recognition on or about (Date) **NO REPLY** (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:

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? \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

(Name of Labor Organization)

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 5a above. (if none, so state)

10a. Name  
**none**

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:  
**Self release to vote**

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

11b. Election Date(s):  
**03/20/2020**

11c. Election Time(s):  
**9:00am until 10:30am**

11d. Election Location(s):  
**meeting room in shop area**

12a. Full Name of Petitioner (including local name and number):  
**Christopher Viscomi UAW Region 2B**

12b. Address (street and number, city, State and ZIP code):  
**1691 Woodlands Drive Maumee, Ohio 43537**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
**International Union, United Automobile, Aerospace & Agricultural Implement Workers of America, UAW**

12d. Tel. No.  
**440-623-3322**

12e. Cell No.  
**440-623-3322**

12f. Fax No.  
**n/a**

12g. E-Mail Address  
**cviscomi@uaw.net**

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)  
**Cchristopher Viscomi**

Signature  
*Christopher Viscomi*

Title  
**International Servicing Rep.**

Date  
**2/28/2020**

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.

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-257944

Date Filed

3/12/20

**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:**  
SIFCO INDUSTRIES, INC., FORGE GROUP

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
970 East 64th Street, Cleveland, Ohio 44103

**3a. Employer Representative - Name and Title:**  
Tania Zaripheh, DHR

**3b. Address (if same as 2b - state same):**  
SAME

**3c. Tel. No.**  
216-881-8600

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
tzaripheh@sifco.com

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

**4b. Principal Product or Service**  
Forge Shop

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

**5b. Description of Unit Involved:**

**Included:**  
all the factory employees (referred to as the Main Bargaining Unit)

**Excluded:**  
all guards, supervisors, clerks and employees covered by other CBAs

**6a. Number of Employees in Unit:**  
97

**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)**  
Int'l Assoc. of Machinists and Aerospace Workers, District No. 54, Lodge 439 (\*disclaimed interest)

**8b. Address:**  
P.O. Box 61, Nova, Ohio 44859  
P.O. Box 27, Dennison, Ohio 44621

**8c. Tel. No.**  
614-239-0401

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**  
54@dl54.com

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 05/15/2020

**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)**  
Int'l Assoc. of Machinists and Aerospace Workers, District No. 54, Lodge 439 (\*disclaimed interest)

**10a. Name**  
Int'l Assoc. of Machinists and Aerospace Workers, District No. 54, Lodge 439

**10b. Address**  
P.O. Box 61, Nova, Ohio 44859  
P.O. Box 27, Dennison, Ohio 44621

**10c. Tel. No.**  
614-239-0401

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**  
54@dl54.com

**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):**  
March 26, 2020

**11c. Election Time(s):**  
1:00 PM-3:00 PM and 9:30PM-11:30PM

**11d. Election Location(s):**  
Employee Break Room

**12a. Full Name of Petitioner (Including local name and number):**  
International Brotherhood of Boilermakers

**12b. Address (street and number, city, State and ZIP code):**  
753 State Ave., Ste. 570, Kansas City, Kansas 66101

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

**12d. Tel. No.**

**12e. Cell No.**  
765-243-1963

**12f. Fax No.**

**12g. E-Mail Address**  
jmauller@boilermakers.org

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

**13a. Name and Title:**  
Mr. Jody Mauller, GLOC ISO

**13b. Address (street and number, city, State and ZIP code):**  
753 State Ave., Ste. 570, Kansas City, Kansas 66101

**13c. Tel. No.**

**13d. Cell No.**  
765-243-1963

**13e. Fax No.**

**13f. E-Mail Address**  
jmauller@boilermakers.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)  
Jody Mauller

Signature

Jody L Mauller

Title  
GLOC ISO

Date  
3/12/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)



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

DO NOT WRITE IN THIS SPACE

Case No 08-RC-258375	Date Filed 3/24/20
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**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 Lyon Video, Inc. / Video Crew Service, LLC, a single employer	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2091 Arlingate Ln., Columbus, Ohio 43228-4113
3a. Employer Representative - Name and Title Chad Snyder, President; Stacia Fritchie; Josh Glenn	3b. Address (if same as 2b - state same) Same as 2b.
3c. Tel. No. 614-297-0001	3d. Cell No.
3e. Fax No.	3f. E-Mail Address chad@lyonvideo.com; stacia@lyonvideo.com; josh@lyonvideo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mobile television broadcasting / event crewing	4b. Principal product or service Sports telecasts	5a. City and State where unit is located. Cleveland, Ohio
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5b. Description of Unit Involved Included: See attachment Excluded: See attachment	6a. No. of Employees in Unit: 105	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) 03/09/2020 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). no reply  
 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): Mail ballots dispatched 04/06/2020;	11c. Election Time(s): Ballots commingled and counted 04/24/2020	11d. Election Location(s): mail ballots [see 11b & 11c]
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12a. Full Name of Petitioner (including local name and number) International Alliance of Theatrical Stage Employees, AFL-CIO (IATSE)	12b. Address (street and number, city, state, and ZIP code) 207 West 25th Street, 4th Floor, NY NY 10001
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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 Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, AFL-CIO

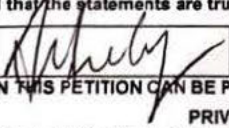
12d. Tel No. 212-730-1770	12e. Cell No. 917-499-9012	12f. Fax No. 212-730-7809	12g. E-Mail Address ahealy@iatse.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Adrian D. Healy, Associate Counsel	13b. Address (street and number, city, state, and ZIP code) 207 West 25th Street, 4th Floor, NY, NY 10001
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13c. Tel No. 212-730-1770	13d. Cell No.	13e. Fax No. 212-730-7809	13f. E-Mail Address ahealy@iatse.net
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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) Adrian D. Healy	Signature 	Title Associate Counsel	Date March 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

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  
NLRB Form 502 (RC)  
Lyon Video, Inc. / Video Crew Service, LLC, a single employer

INCLUDED:

All freelance broadcast technicians, including Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Technicians (V1), Assistant Video Technicians (V2), Graphics Operators, Graphic Coordinators, Font Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Technicians, ERO Technicians), Score Box (Fox Box) Operators, Utility Technicians, Stage Managers, Statisticians [Stats Technicians], Phone ADs, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Cuyahoga County, Ohio.

EXCLUDED:

All other employees, office clerical employees, and guards, professional employees and supervisors as defined in the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION** REGION 8

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-257467	Date Filed 3/5/20

**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:** 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**  
THE DOVER TANK AND PLATE COMPANY

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
5725 Crown Rd NW, Dover, OH 44622-9649

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

**3b. Address (if same as 2b - state same)**  
SAME AS ABOVE

**3c. Tel. No.** (330)343-4443      **3d. Cell No.**      **3e. Fax No.**      **3f. E-Mail Address**

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

**4b. Principal product or service**  
Structural Steel Fabricating

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

**5b. Description of Unit Involved**  
**Included:** All full-time and regular part-time production and maintenance employees.  
**Excluded:** office clerical employees, professional employees, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
16

**6b. 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 [ X ] 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**  
International Brotherhood of Boilermakers Local 744

**8b. Address**  
1435 E 13th St, Cleveland, OH 44114-1887

**8c. Tel No.** (216) 241-2085      **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)**  
May 31, 2020

**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 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**  
International Brotherhood of Boilermakers Local 744

**10b. Address**  
1435 E 13th St, Cleveland, OH 44114-1887

**10c. Tel. No.** (216) 241-2085      **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):** March 26, 2020      **11c. Election Time(s):** 5:30 AM to 6:30 AM

**11d. Election Location(s):**  
Employee breakroom

**12a. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

**12b. Address (street and number, city, state, and ZIP code)**  
(b) (6), (b) (7)(C)

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

**12d. Tel No.**      **12e. Cell No.** (b) (6), (b) (7)(C)      **12f. Fax No.**      **12g. E-Mail Address** (b) (6), (b) (7)(C)

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

**13a. Name and Title**  
(b) (6), (b) (7)(C)

**13b. Address (street and number, city, state, and ZIP code)**  
SAME AS ABOVE

**13c. Tel No.** SAME AS ABOVE      **13d. Cell No.** SAME AS ABOVE      **13e. Fax No.** SAME AS ABOVE      **13f. E-Mail Address** SAME AS ABOVE

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** 2-19-20

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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(b) (6), (b) (7)(C)



(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

FORM NLRB-502 (RD)  
(4-15)



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

DO NOT WRITE IN THIS SPACE

Case No. 08-RD-257948 Date Filed 3/13/2020

**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: 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> Scioto Services LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 405 S Oak St. Marysville, OH 43040	
<b>3a. Employer Representative - Name and Title</b> Matt Gloor, Site Supervisor		<b>3b. Address</b> (If same as 2b - state same) 539 S Main St, Findlay, OH 45840	
<b>3c. Tel. No.</b> (419)280-9342	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Cleaning company		<b>4b. Principal product or service</b> Provides industrial cleaning services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All janitorial/cleaning services employees <b>Excluded:</b> Office clerical employees, professional employees, guards and supervisors as defined in the National Labor Relations Act.		<b>5a. City and State where unit is located:</b> Findlay, OH	
		<b>6a. No. of Employees in Unit:</b>	
		<b>6b. 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 type="checkbox"/> No <input checked="" type="checkbox"/>	

**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> United Food and Commercial Workers Union, Local 75		<b>8b. Address</b> 7441 International Dr., Holland, OH 43528	
<b>8c. Tel No</b> (419)913-9664	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (419)865-8674	<b>8f. E-Mail Address</b> info@ufcw75.org
<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</b> (Month, Day, Year) 6/27/20

**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 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>
<b>11. Election Details:</b> 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	
<b>11b. Election Date(s):</b> Wednesday April 15, 2020	<b>11c. Election Time(s):</b> 1430 - 1630	<b>11d. Election Location(s):</b> Off Site / Findlay Inn	

**12a. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

**12b. Address (street and number, city, state, and ZIP code)**  
(b) (6), (b) (7)(C)

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

<b>12d. Tel No.</b>	<b>12e. Cell No.</b> (b) (6), (b) (7)(C)	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
<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) (6), (b) (7)(C)		<b>13b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b> (b) (6), (b) (7)(C)	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> (b) (6), (b) (7)(C)

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>S</b> (b) (6), (b) (7)(C)	<b>Title</b> Petitioner	<b>Date</b> 12 Mar 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 will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)