

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 27-RD-252580	Date Filed 11/27/2019

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 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 Decker Coak Mine		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 12 Lakeshore Dr. Decker MT 59025	
3a. Employer Representative - Name and Title (b) (6), (b) (7)(C)		3b. Address (If same as 2b - state same) (b) (6), (b) (7)(C)	
3c. Tel. No. (b) (6), (b) (7)(C)	3d. Fax No.	3e. Cell No.	3f. E-Mail Address (b) (6), (b) (7)(C)
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Coal Mine		4b. Principal product or service Coal	
5a. Description of Unit Involved Included: all production and maintenance employees Excluded:			5b. City and State where unit is located: MT
6. No. of Employees in Unit	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent UMWA Local #1972		8b. Affiliation, if any: afl-cio	
8c. Address 18354 Quantico Gateway Drive Suite 200 Triangle VA 22172		8d. Tel. No. 703-291-2400	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address info@umwa.org
9. Date of Recognition or Certification 1972		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/20/15	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Week of December 9 2019	13c. Election Time(s) 6:00AM-7:00PM	13d. Election Location(s) Decker Coal	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any employee			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and its contents and believe in its truth by knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)	Date Filed 11-22-2019

WILLFUL FALSE STATEMENTS

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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

RD PETITION (AMENDED)

DO NOT WRITE IN THIS SPACE	
Case No. 27-RD-252580	Date Filed 11-29-2019

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 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-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
Decker Coal Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
P.O. Box 12, Decker, MT 59025-0012

3a. Employer Representative - Name and Title
Donna Barker

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

3c. Tel. No.
(406)757-2613

3d. Cell No.
(307)751-5817

3e. Fax No.

3f. E-Mail Address
d.barker@deckercoal.com

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

4b. Principal product or service
Coal

5a. City and State where unit is located:
Decker, MT

5b. Description of Unit Involved
Included: All employees of the Company at all pits of the Company now or hereafter added engaged in production and maintenance work at the Decker, Montana mine.

Excluded: Guards, watchmen, office clerical, foremen, supervisory and engineering employees.

6a. No. of Employees in Unit:
107

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
United Mine Workers of America, District 22, Local 1972

8b. Address
443 E College Ave. Sheridan, WY 82801-5273,
PO Box 66 Sheridan, WY 82801

8c. Tel. No.
(307)672-6864

8d. Cell No.
(307)752-3965

8e. Fax No.

8f. E-Mail Address
umwa1972@outlook.com

8g. Affiliation, if any
AFL-CIO

8h. Date of Recognition or Certification
1972

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
January 20, 2015

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	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

11b. Election Date(s):
Week of December 9

11c. Election Time(s):
6:00 a.m. - 7:00 p.m.

11d. Election Location(s):
Decker, MT

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 or national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
NONE

12d. Tel. No.
(b) (6), (b) (7)(C)

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

13c. Tel. No.
(b) (6), (b) (7)(C)

13d. Cell No.
(b) (6), (b) (7)(C)

13e. Fax No.

13f. E-Mail Address
(b) (6), (b) (7)(C)

I declare that I have read the above and it is true to the best of my knowledge and belief.

Name (Print)
(b) (6), (b) (7)(C)

Title
An Individual

Date
11-29-19

WILLFUL FALSE STATEMENT IS PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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