

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

DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-258742	Date Filed 3/3/2020

**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> Atlas Pacific / Gulftech	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1 Atlas Avenue CO Pueblo 81001-
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<b>3a. Employer Representative - Name and Title</b> Mark Means	<b>3b. Address (If same as 2b - state same)</b> 1 Atlas Avenue CO Pueblo 81001-
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<b>3c. Tel. No.</b> (719) 948-3040	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (719) 948-3058	<b>3f. E-Mail Address</b> mark.means@atlaspace.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Misc. Fabricated Products	<b>4b. Principal product or service</b> Manufacturing Machinery	<b>5a. City and State where unit is located:</b> Pueblo, CO
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 90	<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) 04/03/2020 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). No reply received  
 **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? 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>

<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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> April 21, 2020	<b>11c. Election Time(s):</b> 6:00 a.m. to 8:00 and 2:00p.m. to 4:00 P.M	<b>11d. Election Location(s):</b> Mail in Ballots due to the situation with COVID-19 we must keep everyone
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<b>12a. Full Name of Petitioner (including local name and number)</b> Douglas Paul Fennell United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union	<b>12b. Address (street and number, city, state, and ZIP code)</b> 695 Jerry Street Suite 208 CO Castle Rock 80104-
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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 and Service Workers International Union

<b>12d. Tel. No.</b> (720) 307-4096	<b>12e. Cell No.</b> (303) 775-0597	<b>12f. Fax No.</b> (720) 538-0941	<b>12g. E-Mail Address</b> dfennell@usw.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>	<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>
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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> Douglas Paul Fennell	<b>Signature</b> Douglas Paul Fennell	<b>Title</b> International Staff Representative	<b>Date</b> 04/2/2020 18:20:13
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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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
27-RC-258742	3/3/2020

**Employees Included**

All Fabrication, Machine shop, Assembly, Inspectors, Maintenance, Shipping, Stores, and Toolroom employees as covered under the act.

**Employees Excluded**

All Office Personal, Management and Supervisors as defined under the act.

**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.

<b>2a. Name of Employer</b> Knife River-Billings		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 4014 Hesper Rd., Billings, MT 59108	
<b>3a. Employer Representative - Name and Title</b> Dave Resch		<b>3b. Address (If same as 2b - state same)</b> -same-	
<b>3c. Tel. No.</b> 406-651-2500	<b>3d. Fax No.</b> 406-655-2009	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b>

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Aggregate producer and construction services	<b>4b. Principal product or service</b> Aggregates and construction services
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<b>5a. Description of Unit Involved</b> <b>Included:</b> See Attached  <b>Excluded:</b>	<b>5b. City and State where unit is located:</b>  Billings, MT
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<b>6. No. of Employees in Unit</b> 135	<b>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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>8a. Name of Recognized or Certified Bargaining Agent</b> Joint Representatives: IUOE, Local 400; Joint Council No.3; Local 190; Laborers, 1686		<b>8b. Affiliation, if any</b>	
<b>8c. Address</b> See Attached		<b>8d. Tel. No.</b> See Attached	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b>	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> March 31, 2020
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<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>11b. If so, approximately how many employees are participating?</b>
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<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b>  (Insert Address)	<b>11b. If so, approximately how many employees are participating?</b>  a labor organization, of  since (Month, Day, Year)
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**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)**

<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election. As soon as possible	<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>13b. Election Date(s)</b> As soon as possible	<b>13c. Election Time(s)</b>	<b>13d. Election Location(s)</b>
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<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)
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<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	<b>14b. Tel. No.</b>	<b>14c. Fax No.</b>
	<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)

<b>14f. Affiliation, if any</b>
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**15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>15a. Name</b>	<b>15b. Title</b>
<b>15c. Address (Street and number, city, state, ZIP code)</b>	<b>15d. Tel. No.</b>
	<b>15e. Fax No.</b>
	<b>15f. Cell No.</b>
	<b>15g. E-Mail Address</b>

<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> (b) (6), (b) (7)(C)	<b>Title</b> An Individual	<b>Date Filed</b> 4-17-20	

**WILLFUL FALSE STATEMENTS OF** [REDACTED] **FINISHED 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.

## **Attachment to RD Petition in Knife River – Billings**

### **5a. Description of Unit Involved**

Included: All production and maintenance employees who are engaged in the producing, transporting, and installing of products manufactured, sold, installed or constructed by the Employer, and who are employed by the Employer at its Billings, Montana facility and all employees engaged in work performed in the State of Montana, subject to the terms of the state/federal Davis-Bacon laws employed by the Employer.

Excluded: All employees performing work in the State of Montana not subject to the terms of the state/federal Davis-Bacon laws and not involving products manufactured, sold, installed, or constructed by the Employer at its Billings, Montana facility and all dispatchers, surveyors, testers, parts runners, scale employees, office clerical employees, groundskeepers, janitors, professional employees, guards and supervisors as defined in the Labor Management Relations Act as certified in NLRB Case No. 27-RC-7047.

### **8a. Name of Recognized or Certified Bargaining Agent**

Joint Representatives consisting of: International Union of Operating Engineers, Local No. 400; Joint Council of Teamsters No. 3; International Brotherhood of Teamsters, Local No. 190; and, Montana Laborers Local No. 1686

8b – 8g

- International Union of Operating Engineers, Local No. 400, affiliated with the International Union of Operating Engineers, AFL-CIO  
Address: 2737 Airport Rd., Helena, MT 59601; Phone: 406-442-9597;  
Allen White B/A email address: [allen400@oe400.com](mailto:allen400@oe400.com), [iuoebillings@bresnan.net](mailto:iuoebillings@bresnan.net)
- Teamsters, Joint Council No. 3  
Address: 10 Lakeside Ln., Suite 3A, Denver, CO 80212; Phone: 303-477-1623
- International Brotherhood of Teamsters, Local 190  
Address: PO Box 50969, Billings, MT 59105; Phone: 406-248-2658; Fax: 406-248-1503; Email: [Titanop@teamsters190.com](mailto:Titanop@teamsters190.com), Darren Davis B/A [ddavis@teamsters190.com](mailto:ddavis@teamsters190.com)
- Montana Laborers Local No. 1686, affiliated with Laborers International Union of North America, AFL-CIO  
Address: 3100 Horse Shoe Bend Rd., Helena, MT 59602; Phone: 800-988-1686  
Email: [\(b\) \(6\), \(b\) \(7\)\(C\)@montanalaborers.com](mailto:(b) (6), (b) (7)(C)@montanalaborers.com)