

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
27-RC-252960

Date Filed
12/5/2019

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 5b 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-303); 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: Western Municipal Construction Inc.		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 5855 Elysian Road, Billings, MT 59101	
3a. Employer Representative - Name and Title: Joek Clause		3b. Address (if same as 2b - state same): same	

3c. Tel. No. 406-254-2106	3d. Cell No.	3e. Fax No. 406-245-9736	3f. E-Mail Address jclause@wmac-i.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction	4b. Principal Product or Service Utility Construction	4c. City and State where unit is located: Montana
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5b. Description of Unit Involved: Included: All Construction workers including general laborers, pipelayers, grade setters, etc. Excluded: Supervisors, Guards, Office & Clerical Workers		5a. Number of Employees in Unit: 44	5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Laborers' Local #1686	8b. Address: 3100 Horseshoe Bend Road, Helena, MT 59602
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6c. Tel. No. 406-442-1441	6d. Cell No. 406-490-5199	6e. Fax No. 406-442-1324	6f. E-Mail Address kimr@montanalaborers.com
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8g. Affiliation, if any: LIUNA	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019
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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 None	10b. Address None	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: Mail 11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Dec 16, 2019	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Laborers Local #1686	12b. Address (street and number, city, State and ZIP code): 1111 Main Suite 9, Billings, MT 59101
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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):
LIUNA

12d. Tel. No. 202-737-8320	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: Becky Riedl-Field Agent		13b. Address (street and number, city, State and ZIP code): 1111 Main Street Suite 9, Billings, MT 59101	
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13c. Tel. No. 406-259-4471	13d. Cell No. 406-697-0309	13e. Fax No. 406-256-5541	13f. E-Mail Address becky@montanalaborers.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) Becky Riedl	Signature <i>Becky Riedl</i>	Title Field Agent	Date 12-5-19
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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

Collection 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 those 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.