

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RD-230533

Date Filed
11/5/2018

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 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 UtiliQuest LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1233 Lincoln ST Colton CA 92324	
3a. Employer Representative - Name and Title Dawn Crawford Office Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 90922-3192	3d. Fax No.	3e. Cell No.	3f. E-Mail Address dawn.crawford@utiliquest.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility locator		4b. Principal product or service Dig Alert	

5a. Description of Unit Involved Included: ACL EMPLOYEES EMPLOYED AT THE EMPLOYER'S COLTON FACILITY IN THE FOLLOWING CLASSIFICATIONS AND DEPARTMENTS: locator Apprentice Tech 1, Tech 2, Tech 3 Leg 1 Tech Standby specialist, vault Tech, Metered, Office Clerk - Runner Dispatch and Field ed Excluded: ALL OTHER EMPLOYEES, Administrative Assistants, Fleet Specialist Damage Quality Auditors, Trainers, Contract employees, and all supervisors as defined in the contract as amended		5b. City and State where unit is located:
---	--	---

6. No. of Employees in Unit 60-70	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 IEBW "47"	8b. Affiliation, if any NONE
--	--

8c. Address 600 N. Diamond Bar Blvd. Diamond Bar, CA 91765		8d. Tel. No. 9092273824	8e. Cell No.
		8f. Fax No. 909460-2136	8g. E-Mail Address clawville@iebw47.org

9. Date of Recognition or Certification MAY 2017	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE
--	--

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 than 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 NONE	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)	13c. Election Time(s)	13d. Election Location(s)
-----------------------	-----------------------	---------------------------

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

14f. Affiliation, if any

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

15a. Name SAME AS 14	15b. Title	
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.	15e. Fax No.
	15f. Cell No.	15g. 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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title Individual	Date Filed 11/1/18
--	---	----------------------------	------------------------------

WILLFUL FALSE STATEMENTS OR MISFEASANCE BY THE PETITIONER IS 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-231500	Date Filed 11/21/2018

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
CMC Steel Fabricators, Inc. (formerly Gerdau Reinforcing Steel)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5425 Industrial Parkway, San Bernardino, CA 92407

3a. Employer Representative - Name and Title
Adam Raines

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

3c. Tel. No.
951-232-9088

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
adam.raines@cmc.com

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

4b. Principal product or service
Steel Fabrication

5a. City and State where unit is located:
San Bernardino, CA

5b. Description of Unit Involved

Included: Commercial delivery drivers employed by the Employer at its facility located in San Bernardino, CA

Excluded: All other employees including managerial/supervisor, clerical, professional employees, and security guards.

6a. No. of Employees in Unit:
10

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) 11/19/18 and Employer declined recognition on or about 11/19/18 (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

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? _____
(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):
ASAP

11c. Election Time(s):
12pm-3pm

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 63

12b. Address (street and number, city, state, and ZIP code)
927 Village Oak Drive, Covina, CA 91724

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

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title Raquel Ortega, Attorney

13b. Address (street and number, city, state, and ZIP code)
3625 Ruffin Road, Ste. 300, San Diego, CA 92123

13c. Tel No.
619-297-6900


13d. Cell No.

13e. Fax No.

13f. E-Mail Address
rao@sdlaborlaw.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)
Raquel Ortega

Signature 

Title
Attorney for Teamsters Local 63

Date
11/20/18

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.