

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RM PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>18-RM-251778</b>	Date Filed November 14, 2019
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**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:</b> Xcel Protective Services, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 711 Spraker Dr., Cavalier AFB, Cavalier, ND 58220
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<b>3a. Employer/Petitioner Representative - Name and Title:</b> Michael Filibeck, Sr. Vice President	<b>3b. Address (if same as 2b - state same):</b> 6747 Academy Road NE Albuquerque, NM 87109
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<b>3c. Tel. No.</b> (855) 923-5732 Ext 700	<b>3d. Cell No.</b> (310) 498-9827	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> michael.filibeck@xcelprotective.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Services	<b>4b. Principal Product or Service</b> Security
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<b>5a. Description of Unit Involved:</b> <b>Included:</b> All f/t and regular p/t security officers employed by Employer at Cavalier AFB, ND. <b>Excluded:</b> The Security Project Manager as defined by the Act, as amended.	<b>5b. City and State where unit is located:</b> Cavalier AFB, Cavalier, North Dakota
	<b>6. Number of Employees in Unit:</b> 12

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Int'l Union, Security, Police and Fire Professional of America (SPFPA)	<b>8b. Affiliation, if any:</b> Local No. 560
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<b>8c. Address:</b> 25510 Kelly Road Roseville, MI 48066	<b>8d. Tel. No.</b> (586) 772-7250	<b>8e. Cell No.</b> (586) 879-5087
	<b>8f. Fax No.</b> (817)720-7254	<b>8g. E-Mail Address</b> ryan@spfpa.org

<b>9. Date of Recognition or Certification</b> July 19, 1980	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 09/30/2019
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**11. 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) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization 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 and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: Employer was presented evidence the Union has lost majority support. See cover ltr.

**13a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>13b. Election Date(s):</b> November 26, 2019 or TBD	<b>13c. Election Time(s):</b> TBD	<b>13d. Election Location(s):</b> Cavalier AFB, ND
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title:</b> Jason R. Stanevich, Attorney	<b>14b. Address (street and number, city, State and ZIP code):</b> Littler Mendelson, P.C., One Century Tower, 256 Church Street, Suite 300, New Haven, CT 06510
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<b>14c. Tel. No.</b> (203) 974-8700	<b>14d. Cell No.</b> (203) 812-9282	<b>14e. Fax No.</b> (203) 974-8799	<b>14f. E-Mail Address</b> jstanevich@littler.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.

<b>Name (Print)</b> Jason R. Stanevich	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 11/14/19
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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**

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-251878	Date Filed 11/15/19

**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:** Corcoran Glass LLC  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 3697 Kettle Ct, E, Delefield, WI 53108

**3a. Employer Representative - Name and Title:** Robert Corcoran  
**3b. Address (if same as 2b - state same):** Same

**3c. Tel. No.** 1(262) 646-5055  
**3d. Cell No.** (262) 893-4583  
**3e. Fax No.**  
**3f. E-Mail Address** rob@corcoranglass.com;

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** Construction Contractor  
**4b. Principal Product or Service:** Glass and Glazing in construction  
**5a. City and State where unit is located:** Delefield, WI

**5b. Description of Unit Involved:**  
**Included:** All Glass and Glazing Installers working out of the employers Delefield Location.  
**Excluded:** All Project Managers, owners, relatives of management truck drivers, guards, and supervisors defined by the Act.  
**6a. Number of Employees in Unit:** 13  
**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) 7/10/19 on or about (Date) Did not reply (If no reply received, so state). and Employer declined recognition  
 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)**

**10a. Name**  
**10b. Address**  
**10c. Tel. No.**  
**10d. Cell No.**  
**10e. Fax No.**  
**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts and 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):** 12/2/19  
**11c. Election Time(s):** 8:00-9:00 a.m.  
**11d. Election Location(s):** Employers shop

**12a. Full Name of Petitioner (including local name and number):** Painters And Allied Trades District Council # 7  
**12b. Address (street and number, city, State and ZIP code):** PO Box 189, Big Bend, WI

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

**12d. Tel. No.** (262) 662-1827  
**12e. Cell No.**  
**12f. Fax No.** (262) 662-2397  
**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:** Brian Baumgartner, Business Agent  
**13b. Address (street and number, city, State and ZIP code):** PO Box 189, Big Bend, WI 53103

**13c. Tel. No.** (262) 910-9064  
**13d. Cell No.** (414) 687-3347  
**13e. Fax No.** (262) 662-2397  
**13f. E-Mail Address** Brian@iupatdc7.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)** Brian Baumgartner  
**Signature**   
**Title** Business Agent  
**Date** 11/15/19

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.