

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RD-237142

Date Filed

3/6/19

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 petitioner; (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: Consolidated Communications
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 501 First St, Port St Joe, FL 32456

3a. Employer Representative - Name and Title: Kerry Anthony, Director Network Operations
3b. Address (If same as 2b, state same): Same

3c. Tel. No.: 850-229-7266
3d. Fax No.:
3e. Cell No.: 850-653-7941
3f. E-Mail Address: kerry.anthony@consolidated.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Communications Services
4b. Principal product or service:

5a. Description of Unit Involved:
Included: Cable Splicers, Central Office Technicians, Service Technicians, Dispatchers, and Service Technicians
Excluded:
5b. City and State where unit is located: Port St Joe, FL

6. No. of Employees in Unit: 36
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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent: Local Union 3171 Communications Workers of America
8b. Affiliation, if any: None

8c. Address: P.O. Box 468, Carabelle, FL 32322
8d. Tel. No.: 850-653-7953
8e. Cell No.:
8f. Fax No.:
8g. E-Mail Address:

9. Date of Recognition or Certification:
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): March 6, 2021

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No
11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) 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: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail
13b. Election Date(s):
13c. Election Time(s):
13d. Election Location(s):

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

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

(b) (6), (b) (7)(C) 14c. Fax No.

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

14. Affiliation, if any: (b) (6), (b) (7)(C)

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

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

(b) (6), (b) (7)(C) 15e. FAX No:

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

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date Filed: 3-5-19

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. 74842-43 (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

DO NOT WRITE IN THIS SPACE	
Case No. 15-RD-237446	Date Filed March 12, 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 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: 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 Messer Gasses		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10243 Rayco Sanders Road, Gonzalez, Louisiana 70737	
3a. Employer Representative - Name and Title Blake Petrige		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (225)644-7357	3d. Cell No.	3e. Fax No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking Terminal	4b. Principal product or service Trucking services	5a. City and State where unit is located: Gonzalez, LA
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5b. Description of Unit Involved Included: All regular full-time and part-time truck drivers; Excluded: all other employees, office clerical employees, guards and supervisors as defined by the Act	6a. No. of Employees in Unit 26 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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 INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL NO. 270	8b. Address 701 Elysian Fields Ave, New Orleans, LA 70117-8511
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8c. Tel No. (504)945-3152	8d. Cell No.	8e. Fax No. (504)945-0003	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) May 31, 2019

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. 11b. Election Date(s):	11c. Election Time(s):	11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s):
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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)
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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)
NONE

12e. Cell No. (b) (6), (b) (7)(C)	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 (b) (6), (b) (7)(C)	13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
13c. Tel No.	13d. Cell No. (b) (6), (b) (7)(C)
	13e. Fax No.
	13f. 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)	Title an Individual	Date 3/11/19
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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

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.

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

FORM NLRB-502 (RD)
(8-16)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

15-RD-237720

Date Filed

3/15/19

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 Golden Peanut and Tree Nut		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 55 East Railroad Street Headland AL 36345	
3a. Employer Representative - Name and Title Allen Twigg Plant Manager		3b. Address (If same as 2b - state name) 55 East Railroad Street Headland AL 36345	
3c. Tel. No. 334)693-3332	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Peanut Mill		4b. Principal product or service Peanuts, Ag cam	
5a. Description of Unit Involved Included: Hall & Piber, Sheller, Eye Department, Shipping, Cleaner Maintenance Shop. Excluded: Office Management			5b. City and State where unit is located: Headland AL
6. No. of Employees in Unit 60	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 BCTGM Local 42		8b. Affiliation, if any NA	
8c. Address 1030 Dill Ave SW Atl. Ga		8d. Tel. No. 404 755 3553	8e. Cell No. NA
		8f. Fax No.	8g. E-Mail Address NA
9. Date of Recognition or Certification May 19, 2015		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 19, 2019	
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 NA	12b. Address NA	12c. Tel. No. NA	12d. Fax No. NA
		12e. Cell No. NA	12f. E-Mail Address NA
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) On site Break room	

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

14a. Address (Street and number, city, state, ZIP code)

14b. Tel. No.

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

14c. Fax No.

NA

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

14d. Cell No.

same

14e. E-Mail Address

NA

14f. Affiliation, if any

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

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

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

NA

15e. Fax No.

NA

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

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

15g. E-Mail Address

NA

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

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

Date Filed

3-14-19

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

PRIVACY ACT STATEMENT

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