

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

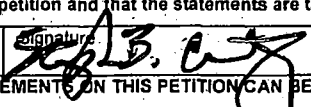
06-RC-238892

Date Filed

4-2-19

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 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 XPO Logistics, Inc		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 1030 Bacon Street, Erie, PA 16511	
3a. Employer Representative - Name and Title Cody Nicholson - Terminal Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (814) 456-6224	3d. Cell No.	3e. Fax No. (814) 459-0999	3f. E-Mail Address cody.nicholson@xpo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Pickup and Delivery/Warehouse	
5a. City and State where unit is located: Erie, PA			5b. Description of Unit Involved Included: All fulltime and regular part-time road and city drivers and all fulltime and regular part-time dock employees Excluded: All other employees including, office, clerical, maintenance, supervisors and guards as defined in the act.
6a. No. of Employees in Unit: 30		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"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 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? <u>NO</u> 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 an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 24, 2019	11c. Election Time(s): 0600-1030 and 1700-2100	11d. Election Location(s): XPO Employee Break Room	
12a. Full Name of Petitioner (Including local name and number) General Teamsters Local Union No. 397		12b. Address (street and number, city, state, and ZIP code) 1344 East 11th Street, Erie, PA 16503	
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. (814) 454-1516	12e. Cell No.	12f. Fax No. (814) 454-1518	12g. E-Mail Address tmstr397@velocity.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Stephen B. Getz, President		13b. Address (street and number, city, state, and ZIP code) 1344 East 11th Street, Erie, PA 16503	
13c. Tel No. (814) 454-1516	13d. Cell No. (814) 790-3791	13e. Fax No. (814) 454-1518	13f. E-Mail Address stevetmstr397@velocity.net
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) Stephen B. Getz	Signature 	Title President	Date April 2, 2019

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.

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-239015

Date Filed

4-4-19

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 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:
Blackhawk Mining, LLC
Flying Eagle Mine

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
54912 Pond Fork Rd.
Skin Fork, WV 25208

3a. Employer Representative - Name and Title:
Colin Milam, Human Resources

3b. Address (if same as 2b - state same):
PO Box 57
Wharton, WV 25208

3c. Tel. No.
304-380-0311

3d. Cell No.

3e. Fax No.
304-245-5622

3f. E-Mail Address
cmilam@blackhawkmining.com

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

4b. Principal Product or Service
Coal

5a. City and State where unit is located:
Skin Fork, WV 25208

5b. Description of Unit Involved:

Included:
All prod. & maint. employees employed at Flying Eagle Mine MSHA ID# 4609471

Excluded:
All supervisory, office, clerical, technical, professional, security as defined in the Act.

6a. Number of Employees in Unit:
28

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) _____ 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)

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? _____ 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 an election in this matter, state your position with respect to any such election:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
April 18, 2019

11c. Election Time(s):
6 a.m. - 9 a.m. & 2:30 p.m. - 4:30 p.m.

11d. Election Location(s):
ConX shower side

12a. Full Name of Petitioner (including local name and number):
United Mine Workers of America, Region II

12b. Address (street and number, city, State and ZIP code):
2306 S. Fayette Street
Beckley, WV 25801

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union, United Mine Workers of America - AFL-CIO

12d. Tel. No.
304-252-0611

12e. Cell No.

12f. Fax No.
304-252-0615

12g. E-Mail Address
jrichardson@umwa.org

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

13a. Name and Title:
Floyd Conley, UMW International Representative

13b. Address (street and number, city, State and ZIP code):
2306 S. Fayette St.
Beckley, WV 25801

13c. Tel. No.
304-252-0611

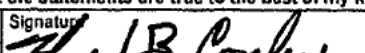
13d. Cell No.
304-206-5883

13e. Fax No.
304-252-0615

13f. E-Mail Address
fconley@umwa.org

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)
Floyd Conley

Signature


Title
UMWA Int'l Representative

Date
4/4/2019

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.

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-239080

Date Filed

4-5-19

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 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:
Rockwell Mining, LLC
Flying Eagle Mine

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
54912 Pond Fork Rd
Skin Fork, WV 25208

3a. Employer Representative - Name and Title:
Colin Milam, Human Resources

3b. Address (if same as 2b - state same):
PO Box 57
Wharton, WV 25208

3c. Tel. No.
304-380-0311

3d. Cell No.

3e. Fax No.
304-245-5622

3f. E-Mail Address
cmilam@blackhawkmining.com

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

4b. Principal Product or Service
Coal

5a. City and State where unit is located:
Skin Fork, WV

5b. Description of Unit Involved:

Included:

All prod. & maint. employees employed at Flying Eagle Mine MSHA ID#4609471

Excluded:

All supervisory, office, clerical, technical, professional, security as defined in the Act.

6a. Number of Employees in Unit:
28

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) _____ 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)

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? _____ 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 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):
April 18, 2019

11c. Election Time(s):
6 a.m. - 9 a.m. - 2:30 p.m. - 4:30 p.m.

11d. Election Location(s):
ConX shower side

12a. Full Name of Petitioner (including local name and number):
United Mine Workers of America, Region II

12b. Address (street and number, city, State and ZIP code):
2306 S. Fayette St.
Beckley, WV 25801

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union, United Mine Workers of America - AFL-CIO

12d. Tel. No.
304-252-0611

12e. Cell No.

12f. Fax No.
304-252-0615

12g. E-Mail Address
jrichardson@umwa.org

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

13a. Name and Title:
Floyd Conley, UMWA International Representative

13b. Address (street and number, city, State and ZIP code):
2306 S. Fayette St.
Beckley, WV 25801

13c. Tel. No.
304-252-0611

13d. Cell No.
304-206-5883

13e. Fax No.
304-252-0615

13f. E-Mail Address
fconley@umwa.org

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)
Floyd Conley

Signature

Floyd Conley

Title
UMWA Int'l Representative

Date
4/5/2019

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-239915

Date Filed

4-18-19

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 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 Guardian Elder Care - Meadowcrest Health and Rehab		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 1200 Braun Road, Bethel Park, PA 15102	
3a. Employer Representative - Name and Title Eric Huttenlocher - VP of HR		3b. Address (If same as 2b - state same) 8796 Route 219, Brockway, PA 15824	
3c. Tel. No. (814) 261-5545	3d. Cell No. (814) 245-4090	3e. Fax No.	3f. E-Mail Address eric.huttenlocher@guardianeldercare.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Long Term Care Facility		4b. Principal product or service Healthcare	5a. City and State where unit is located: Bethel Park, PA
6b. Description of Unit Involved Included: All full-time and regular part-time Licensed Practical Nurses (LPNs) employed by the Employer at its 1200 Braun Road, Bethel Park, PA facility. Excluded: All other employees, guards, and supervisors as defined by the Act.			6a. No. of Employees in Unit: Three 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"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) April 8, 2014 and Employer declined recognition on or about April 16, 2014 (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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Tuesday, April 30, 2019	11c. Election Time(s): 4:00 p.m. - 5:00 p.m.	11d. Election Location(s): 1200 Braun Road, Bethel Park, PA 15102 - Pine Conference Room	
12a. Full Name of Petitioner (including local name and number) SEIU Healthcare Pennsylvania		12b. Address (street and number, city, state, and ZIP code) 1500 North Second Street, Harrisburg, PA 17102	

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

12d. Tel. No. (717) 238-3030	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 Steven Grubbs, Regional Advocate		13b. Address (street and number, city, state, and ZIP code) 1500 North Second Street, Harrisburg, PA 17102	
13c. Tel. No. (717) 433-8010	13d. Cell No.	13e. Fax No.	13f. E-Mail Address steven.grubbs@seiuhcpa.org

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) Steven Grubbs	Signature 	Title Regional Advocate	Date Thursday, April 18, 2019
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
06-RC-240232

Date Filed
4-25-19

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 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
Tenaska Pennsylvania Partners

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
446 Smithton Pike, Smithton, PA, 15479

3a. Employer Representative - Name and Title
Robert Mayfield, Plant Manager

3b. Address (If same as 2b - state same)
(same)

3c. Tel. No.
724-405-6303

3d. Cell No.
434-531-6377

3e. Fax No.

3f. E-Mail Address
RMayfield@Tenaska.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Electric Generating Station

4b. Principal product or service
Electricity

5a. City and State where unit is located:
Smithton, PA

5b. Description of Unit Involved

Included: Purchasing Warehouse Coordinator, I&E Techs, Maintenance Mechanics, Control Room Operators, Plant Operators.

Excluded: Admin Assistants, Chemists, Load Control Room Operators, managers, supervisors, confidential employees, and guards as defined by the Act.

6a. No. of Employees in Unit:
15

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) _____ 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).
(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 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):
May 16, 2019

11c. Election Time(s):
3:00 pm to 6:00 pm

11d. Election Location(s):
Training Room at the work site; 446 Smithton Pike, Smithton, PA

12a. Full Name of Petitioner (Including local name and number)
International Brotherhood of Electrical Workers (IBEW) Local 29

12b. Address (street and number, city, state, and ZIP code)
985 Greentree Rd., Pittsburgh, PA, 15220

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

12d. Tel No.
412-922-6969

12e. Cell No.

12f. Fax No.
412-922-5649

12g. E-Mail Address
IBEW29@ibew29.org

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

13a. Name and Title
Kenn Bradley

13b. Address (street and number, city, state, and ZIP code)
985 Greentree Rd., Pittsburgh, PA, 15220

13c. Tel No.
412-922-6969

13d. Cell No.
412-805-4237

13e. Fax No.
412-922-5649

13f. E-Mail Address
kbradley@ibew29.org

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)
Kenn Bradley

Signature

K Bradley

Title

Business Manager

Date

4/25/19

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 will 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. 06-RD-240133	Date Filed 4-23-19

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 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 Krise Transportation, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1325 Scotland Ave. Ext. PA Punxsutawney 15767-
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3a. Employer Representative - Name and Title Tim Krise Owner	3b. Address (If same as 2b - state same) 1325 Scotland Ave. Ext. PA Punxsutawney 15767-	3c. Tel. No. (814) 938-6200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tkrise@krisetran.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Transportation of School Children	5a. City and State where unit is located: Albion, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 27 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 checked="" type="checkbox"/> No <input 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 397 David Northrup Secretary-Treasurer	8b. Address 1344 East 11th Street PA Erie 16503-
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8c. Tel No. (814) 454-1516	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any International Brotherhood of Teamsters	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 07/31/2017
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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): May 7, 2019	11c. Election Time(s): 10:00 am to 1:00 pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): 10500 Reservoir Road, Albion, PA 16401
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12a. Full Name of Petitioner (b) (6), (b) (7)(C) Employee	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) International Brotherhood of Teamsters, Local 397	(b) (6), (b) (7)(C)
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12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 Frank D Garrison Staff Attorney National Right to Work Legal Defense Foundation	13b. Address (street and number, city, state, and ZIP code) 8001 Braddock Road Ste. 600 VA Springfield 22160-
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13c. Tel No. (703) 321-8510	13d. Cell No.	13e. Fax No.	13f. E-Mail Address fdg@nrtw.org
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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) Frank D Garrison	Signature Frank D. Garrison	Title Staff Attorney	Date 04/23/2019 12:50:58
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DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All regular school bus drivers, van drivers, casuals, and monitors

Employees Excluded

All office, clerical, supervisors, managers, cleaning, security maintenance, safety directors