# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
06-RC-237328	3-7-19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

with the NLRB and should <u>not</u> be served on the employer or any other party.								
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	-CERTIFICA ner desires to	TION OF REPRESE! be certified as repres	NTATI entativ	VE - A substantial number ve of the employees. The I	Petitioner alleges th	nat the following	circumstances exist and	
requests that the National Labor F  2a. Name of Employer	telauons Bo			per authority pursuant to Idress(es) of Establishment				
Windstream Pennsylvania, LLC			-98	Industrial Park Rd.	(0,,	, o,	31010, 2.11 3330,	
3a. Employer Representative - Name	and Title	<u> </u>	P/	A Brookville 15825- 3b. Address (If same as	2b state same)			
Bruce Hurlburt				4001 Rodney Parh AR Little Rock 722				
3c. Tel. No.	3d. Ce	ell No	-	3e. Fax No.	12	3f. E-Mail Addr	ess	
(501) 748-6942		681-3455		00,1 0,110.		bruce.hurlbut@w		
4a. Type of Establishment (Factory, mi			al pro	duct or service			and State where unit is located:	
Communications Servi		, , , , , , , , , , , , , , ,	p	Telecommunication	ıe	55. 5, 5	Brookville, PA	
5b. Description of Unit Involved					· · · · · · · · · · · · · · · · · · ·	<del></del>	6a. No. of Employees in Unit:	
	4-54					ļ	3	
Included: See Attached Page 2 for ac	aditional details					ŀ	6b. Do a substantial number (30%	
						I	or more) of the employees in the	
Excluded: . See Attached Page 2 for ac	dditional details						unit wish to be represented by the	
		<del></del>		<del> </del>			Petitioner? Yes [] No []	
Check One: 7a. Request f	for recognition			tive was made on (Date) 03		d Employer ded	ined recognition on or about	
				d, so state). No reply recei-				
8a. Name of Recognized or Certified				epresentative and desires of	certification under the	Act.		
oa. Name of Recognized or Certified	bargaining i	Agent (II none, so si	ate).	8b. Address				
8c. Tel No.	8d Cel	II No.		8e. Fax No.	· · · · · · · · · · · · · · · · · · ·	8f. E-Mail Addr	ess	
	""							
8g. Affiliation, if any			$\top$	8h. Date of Recognition or	Certification	8i. Expiration D	ate of Current or Most Recent	
				,		Contract, if any	(Month, Day, Year)	
· · · · · · · · · · · · · · · · · · ·								
9. Is there now a strike or picketing at the	he Employer's	s establishment(s) inv	olved	? No If so, approxi	mately how many en	nployees are par	ticipating?	
(Name of labor organization)		, ha	as pick	eted the Employer since (A	Nonth, Day, Year)			
10. Organizations or individuals other th	han Petitione					resentatives and	other organizations and individuals	
known to have a representative interest							omer organizations and management	
10a. Name		10b. Address		10c. Tel. No.			10d. Cell No.	
ł					10e. Fax No.		10f. E-Mail Address	
14 Startion Batallas If the NII DO con-		tion in this matter ato		r position with respect to	11a. Election Type: 🚺 Manual 📘 Mail Mixed Manual			
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	uucis an elec	tion in this matter, sta	te you	r position with respect to	11a. Election Type:	: IV) Manual I	Mail III Mixed Manual/Mail	
11b. Election Date(s):		11c. Election Time(	s):		11d. Election Location(s):			
3/18/2019		9:00 AM			Lunch/Break Room			
12a. Full Name of Petitioner (including	ng local nam	e and number)					ity, state, and ZIP code)	
Joseph Smolczynski Communications Workers of America District 2	-13				230 S. Broad St. Flr PA Philadelphia 191	02		
12c. Full name of national or internation Communications Workers of America Di		inization of which Peti	tioner	is an affiliate or constituent	(if none, so state)			
		-N A1-		L 406 Fau No		12a E Mail Ad	drana	
12d. Tel No. 12f. Fax No. 12g. E-Mail Address organizer@cwalocal13000.org								
(215) 564-6169  13. Representative of the Petitioner \( \)	1 '		ners fo		entation proceeding			
13a. Name and Title	wiii acci	opt service or an par	,,,,	1 13b. Address (street and				
The contract of the contract o							•	
12a Tol No	13d. Cell No. 13e. Fax No. 13f. E-Mail Address					Iress		
13c. Tel No.	130.0	CII INU.		IJC, FAX NO.		ioi. L-Iviali Adu		
I declare that I have read the above p	netition and t	that the statements	are tru	te to the best of my know	ledge and belief.	<del></del>		
		are valeniones				I Dete		
Name (Print)	Signature	nolozvaski		Title Organizer		Date	2:22:16	

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.

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
06-RC-237328	3-7-19			

### Employees Included

All full-time and regular part-time Field OSP Engineers, OSP Engineers I, OSP Engineers II employed by the employer at the at 98 Industrial Park Rd, Brookville, PA 15825

### **Employees Excluded**

All managerial employees, confidential employees, professional employees, guards and supervisors as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
06-RC-237836	3-15-19						

	NO PETI				1 00 10	257050		
								n NLRB office in the Region
								ee 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								
						.RB 4612). Ine s	nowing of in	terest snoula only be tiled
with the NLRB and sh 1. PURPOSE OF THIS PET	OUIO NOT DE SERV	FICATION OF	EMPIOYER OF AI	IVF - A su	party.	r of employees wish to	n he renresente	d for purposes of collective
bargaining by Petitioner	and Petitioner desire	es to be certifi	ed as representat	ive of the e	mployees. The	Petitioner alleges ti	hat the followin	g circumstances exist and
requests that the Nation 2a. Name of Employer	nai Labor netation:	8 Board proc				nt(s) involved (Street		
DS Services of A				Vest N	oblestow	n Road, Cari		
3a. Employer Representat						s 2b – state same)	OL:	
Meg Karolczak, F			vianager	3e. Fax		arlem Avenue		
3c. Tel. No.	(3	1. Cell No. 12) 480						ak@dsservices.com
4a. Type of Establishment ( Facility	ractory, mine, whole		4b. Principal pro Delivery o					and State where unit is located:
5b. Description of Unit Inv	rolved		20				journe	6a. No. of Employees in Unit:
Included: All full-tin	ne and part-	time RS	R's in Cof	fee an	d Filtration	n Departmer	nts	4
	•					•		6b. Do a substantial number (30% or more) of the employees in the
Office cle	rical, super	visors, a	and profess	sional	employee	es as defined	in Act	unit wish to be represented by the Petitioner? Yes No
Check One: 🗸 7a.	Request for recog					By Petition and	nd Employer dec	lined recognition on or about
□ "	Potitioner is our		(If no reply receive		-	certification under the		
8a. Name of Recognized of				epieseina	8b. Address	Certification under the	s Au.	· · · · · · · · · · · · · · · · · · ·
None Known								
8c. Tel No.	80	Cell No.		8e. Fax	No.		8f. E-Mail Add	lress
8g. Affiliation, if any				8h. Date	of Recognition o	or Certification		Date of Current or Most Recent by (Month, Day, Year)
9. Is there now a strike or pi	cketing at the Empt	oyer's establis	shment(s) Involved	<sup>1?</sup> No	If so, approx	ximately how many er	nployees are pa	articipating?
(Name of labor organizal	ion)		, has pic	keted the l	Employer since (	(Month, Day, Year) _		
10. Organizations or individu	uals other than Petit	ioner and tho	se named in items	8 and 9, v	vhich have claim	ned recognition as rep	resentatives an	d other organizations and individuals
known to have a representa None Known	tive interest in any e	employees in I	the unit described	in item 5b	above. (If none	, so state)		•
10a. Name		10b. Add	dress			10c. Tel. No.		10d. Cell No.
		1				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the any such election.	NLRB conducts an	election in thi	s matter, state you	ur position	with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 4/22 to 4/26		11c. El	ection Time(s):			11d. Election Loca Breakroom	tion(s):	
12a. Full Name of Petitioner (including local name and number)						12b. Address (stre	et and number,	city, state, and ZIP code)
General Teamsters, Chauffeurs and Helpers Local Union 249   4701 Butler Street, Pittsburgh, PA 15201								
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.		e. Cell No.		12f. Fa	(No.		12g. E-Mail A	ddress
412-682-3700	Petitlaner who will	accent servi	ce of all papers f	0f purpos	82-3732	sentation proceeding	kz <u>wiean</u>	nsters249.org
13a. Name and Title Steven Winslow, Union Attorney  13b. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222								
13c. Tel No.		3d. Cell No.		13e. Fa	x No.		13f. E-Mail Ad	dress
412-281-3850		2-802-2			281-1985		sw@ipila	w.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) Signeture / Title Date								
Steven Winslow	Signati	7h 1W	<b>√</b>	Unior	1 Attorney	1	3/15/20	019
WILLFUL FA	LSE STATEMENTS	ON THIS PE	TITION CAN BE	PUNISHE	BY FINE AND	IMPRISONMENT (U	.S. CODE, TITL	E 18, SECTION 1001)

PRIVACY ACT STATEMENT

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### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 06-RC-237902

Date Filed 3-18-19

RC PETITION

06-RC-23/902

3-18-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 b				KB 4012). The Sho	wing or inte	rest snould only be filed	
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	CERTIFICATION OF F er desires to be certified	REPRESENTATI d as representativ	VE - A substantial number ve of the employees. The I	Petitioner alleges that	the following	circumstances exist and	
2a. Name of Employer Windstream Pennsylvania, LLC	2b. Ad	ddress(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8 Industrial Park Rd					
3a. Employer Representative – Name		A Brookville 15825- 3b. Address (If same as		· - · · · · · · · · · · · · · · · · · ·			
Bruce Hurlbut			4001 Rodney Parh AR Little Rock 722	12-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	i i	f. E-Mail Addre		
(501) 748-6942	(501) 681-3455			b	ruce.hurlbut@wir	<del></del>	
4a. Type of Establishment (Factory, min		4b. Principal pro-			5a. City ai	nd State where unit is located:	
Communications Service	es		Telecommunication	ns		Brookville, PA	
5b. Description of Unit Involved					II	6a. No. of Employees in Unit:	
Included: See Attached Page 2 for add	ditional details					6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for add	ditional details				•	or more) of the employees in the unit wish to be represented by the Petitioner? Yes [ No [ ]	
Check One: 7a. Request fo	or recognition as Bargai	ining Representa	tive was made on (Date) 0	3/07/2019 and E		ned recognition on or about	
03/07/201		no reply receive	•				
8a. Name of Recognized or Certified I			epresentative and desires of 8b. Address	certification under the A	ct.		
	gaggo (	.0.,0, 04 01210,	05.7100.000				
8c. Tel No.	8d Cell No.		8e. Fax No.	8	8f. E-Mail Address		
8g. Affiliation, if any			8h. Date of Recognition or		3i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest.	an Petitioner and those	has pick	seted the Employer since (f 8 and 9, which have claime	Month, Day, Year)ed recognition as repres	<del></del>		
10a. Name	10b. Addr	ess	<del> </del>	10c. Tel. No.		10d. Cell No.	
•							
				10e. Fax No.		10f. E-Mail Address	
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	ucts an election in this	matter, state you	r position with respect to	11a. Election Type: <u>[</u>	Manual _	Mail Mixed Manual/Mail	
11b. Election Date(s): 03/28/2019	11c. Elec 12:00-12	ction Time(s): :15 PM	11d. Election Location(s): Lunch/Break Room				
12a. Full Name of Petitioner (includin Joseph Smolczynski Communications Workers of America District 2-	g local name and nun	nber)	12b. Address (street and number, city, state, and ZIP code) 230 S. Broad St Floor 19 PA Philadelphia 19102-				
12c. Full name of national or internation Communications Workers of America Dis	al labor organization of	which Petitioner	is an affiliate or constituen	t (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.		2g. E-Mail Add		
(215) 564-6169	(215) 840-6951		(215) 564-2520		rganizer@cwa	llocal13000.org	
13. Representative of the Petitioner w 13a. Name and Title	ho will accept service	e of all papers fo	13b. Address (street and		d ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.	1	3f. E-Mail Add	ress	
I declare that I have read the above p	etition and that the st	atements are tru	ue to the best of my know	ledge and belief.			
Name (Print)							
12	Signature Joseph Smolczynski		Title Organizer		Date		

#### 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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DO NOT WRITE IN THIS SPACE

Case

06-RC-237902

Date Filed

3-18-19

**Employees Included** 

Attachment

Armour-Globe Election to include all full-time regular and part-time Engineers into existing bargaining unit of the Brookville-Knox-Enon Valley service area.

**Employees Excluded** 

All managerial employees, confidential employees, professional employees, guards, and supervisors as defined in the Act.

,E-1

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
ase No.	Date Filed
06-RC-238460	3-27-19

INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (	panled by 1) the pet	both a sh ition; (2) S	lowing of interest (see 61 Statement of Position for	b below) and m (Form NLI	l a certifica: RB-505); an	te of service showing d (3) Description of R	service on Representation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pe	tioner desire	s to be certified a	s represe	ntative of th	ne employees. The Petitio	ner alleges	that the foll	owing circumstances	
2a. Name of Employer:			2b. Addı	ess(es) of	Establishment(s) involved	(Street and r	number, City	, State, ZIP code):	
Altice Technical Services	U.S. Co	orp.	15 Dy	e Drive	, Beckley, West V	irginia 2:	5801		
3a. Employer Representative - Nar	ne and Title	:	3b. Addi	ess (if sam	ie as 2b - state same):			· · · · · · · · · · · · · · · · · · ·	
Pat Acord, Supervisor			(same	as 2b)					nga 1 Mari 🕢 n
3c. Tel. No.	3d. Cell N	o.	<u> </u>	3e. Fax No	).	3f. E-Mail A	ddress		
304-228-9518						pat.acor	d@Altic	eTechServicesU	JSA.com
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)			al Product or Service		5a. City ar	d State where unit is to	
technical services			]	telecon	nmunications			West Virginia	10 Otton
5b. Description of Unit Involved: Included:							6a. Numbe	er of Employees in Unit	ti (y.
All full-time and regular Excluded:	part-time	Broad Bane	d Tech	nicians	and Warehouse En	nployees		uhataatial aumbas /200	( or mars)
All other employees, gua	rde and e	unenzicore a	c defin	ed in th	e Δct		of the	ubstantial number (30% employees in the unit w	ish to be
Check One: 7a. Request for re-						and		ented by the Petitioner  declined recognition	? ⋉ Yes  No
on or about (Date)		(If n	o reply re	ceived, so	state).		- Linployor		
					and desires certification un	der the Act.		· · · · · · · · · · · · · · · · · · ·	
8a. Name of Recognized or Certific	ed Bargaini	ng Agent (If none	a, so state	<i>i)</i>   8b. Ac	idress:				
None				ł					
8c. Tel. No.	8d. Cell No	),		8e. Fax No	).	8f. E-Mail A	ddress		
0	<u></u>		165	D-1(D	0.46	01 5 1	- D-10 -40		<u> </u>
8g. Affiliation, if any:			l an	th. 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 a	t the Emplo	ver's establishme	nt(s) invo	ved? No	▼ If so, approxima	tely how mar	v emplovee	s are participating?	· · · · · · · · · · · · · · · · · · ·
(Name of Labor Organization)	p.o	, c. o ao a	(0,	140	- tanga	•		er since (Month, Day, \	Year)
10. Organizations or individuals other	r than Petiti	oner and those na	med in its	ems 8 and		<del> </del>			
individuals known to have a repre								oo ana amb, organizan	1
None									∏ No
10a, Name		10b. Address				10c, Tel. No	o.	10d. Cell No.	
				10e. Fax No		lo. 10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, state	your posi	tion with respect to any suc	ch election:	11a. Electio	n Type:	
							Manua		ed Manual/Mail ~ ~
11b. Election Date(s):		11c. Election Tin	. 11				n Location(	•	<u>:</u> .
April 10, 2019		8 a.m. to 12		on	F		nce Roo		
12a. Full Name of Petitioner (include Communications Worker				LC	12b. Address (street and 9602-D Martin L				MD 20806
12c. Full name of national or internal	ional labor	reanization of the	lob Desist	norie	iffiliate as constituent (if	00 00 04-4-1	<del></del>		
12c. Puli name of national of internat	ionai iabor (	organization of wh	iich Peliu	oner is an a	imilate or constituent (if no	ne, so state).	ī		
12d, Tel. No.	12e, Cell N	in		12f, Fax N	0	12g. E-Mail	Address		1 185
301-429-2500	120, 00,,,		- 1	301-42				-union.org	and the second of the second o
13. Representative of the Petitione	r who will i	accept service of	f all pape						
13a. Name and Title:			- 1		ess (street and number, cit	-	-		******
Laurence M. Goodman, Legal Counsel  Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Phil., PA					hil., PA				
13c, Tel. No.	13d. Cell N	lo.		13e. Fax N		13f. E-Mail			
(215) 656-3608	<u> </u>	····			61-5135		an@ww	dlaw.com	,,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I declare that I have read the abov	e petition a			e true to th					Tools
Name (Print) Laurence M. Goodman		Signature	י מאר מנו	11	Sand Title	egal Cour	ncel		3/27/19
Laurence IVI. GOOGHIAH		au	wv	VVC	C V V LC	zai Coui	1961	<del></del>	13/2//19
			<b>.</b>						

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

FORM NLRB-502 (RC) (2-18)

(i,j,i)

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
06-RC-238476	3-27-19				

						00-KC	-2364/6		3-	27-19
INSTRUCTIONS: Unless e-Filed u. employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accom the petition of: (	panied by (1) the pat	both a shitton; (2) S	owing of interest (se tatement of Position	e 6b below) form (Form	and a certifica NLRB-505); ar	te of service : ad (3) Descrip	showing s tion of Re	service on epresentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ioner desire	s to be certified a	as represer I under its	ntative of the proper au	e employees. The Pe thority pursuant to \$	stitioner alleg Section 9 of t	es that the fol he National La	lowing circun bor Relations	nstances s Act.	
2a, Name of Employer:			2b. Addr	ess(es) of	Establishment(s) invol	ived (Street a	nd number, City	, State, ZIP co	ide):	
Altice Technical Services	U.S. Co	orp.	650 5	th Stree	t, Buckhannon,	West Vir	ginia 2620	01		
3a. Employer Representative - Nan	ne and Title	:	3b. Addr	ess (if sam	e as 2b - state same).	:	-7			
Leon Scott, Supervisor			(same	as 2b)						1994 - 1995 - 1995
3c. Tel. No.	3d. Cell No	).	1	3e. Fax No	),	3f. E-Ma	ail Address			
304-382-8628	ı					leon.s	cott@Alti	ceTechSe	vicesU	JSA.com
4a. Type of Establishment (Factory, i	nine, whole	saler, etc.)		4b, Princip	al Product or Service		5a. City ar	nd State where	unit is io	cated:
technical services				telecon	nmunications		Buckhar	non, West V	/irginia	ta.
5b. Description of Unit Involved:							6a. Numb	er of Employe	es in Unit:	
Included: All full-time and regular t	oart-time	Broad Ban	d Techi	nicians	and Warehouse	Employe				
Excluded: All other employees, guar							of the repres	ubstantial nun employees in t ented by the P	he unit wis etitioner?	sh to be
Check One: 7a. Request for rec						N/A	and Employer	declined recog	inition	
on or about (Date)  7b. Petitioner is cut			no reply rea			n under the A	ct			
8a. Name of Recognized or Certific						The state of the s	,	<del></del>		
None	<b>.</b>			,						
8c. Tel. No.	8d. Cell No	).		8e. Fax No. 8f. E-Mail A			ail Address	Address		
8g. Affiliation, if any:	<u> </u>		8h.	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 a	t the Emplo	yer's establishme	ent(s) invol	ved? No	If so, approx	imately how	nany employee	s are participa	ting?	
(Name of Labor Organization)			` '	-110	<u>Limid</u>	. has olcke	ted the Employ	er since (Mon	th. Day. Y	'earl
10. Organizations or individuals other individuals known to have a repre						recognition a	s representativ			ons and
None										1.1140
10a, Name	,	10b. Address				10c. Tel	, No.	10d. Cell No	,	
				L						
						10e. Fa	k No.	10f, E-Mail A	ddress	
11. Election Details: If the NLRB con	nducts and	election in this m	atter, state	your posit	ion with respect to an	y such electio	1			
·.							X Manu			d Manual/Mail
11b. Election Date(s):		11c. Election Ti					ction Location(	•		
April 10, 2019		8 a.m. to 1		on			erence Roc			
12a. Full Name of Petitioner (include Communications Workers	-			C. ~	12b. Address (street 9602-D Martin		-		ınham,	MD 20806
12c. Full name of national or internat	ional labor o	organization of w	hich Petitio	ner is an a	iffiliate or constituent (	if none, so sta	ate):			2 - 1955 State
12d Tot No	12a Call A	I-	<del></del>	12f. Fax N		1425 5 1	Mail Address			1 lake
12d. Tel, No. 301-429-2500	12e. Cell N	ю.	- 1	301-42		1. *	_	union or		- 1 MO
	ba		1 211 22 22				rove@cwa	-4111011.013	<u> </u>	
<ol> <li>Representative of the Petitione</li> <li>Name and Title:</li> </ol>	wing will s	recabi-service c			ooses of the represeins less (street and numbe					-1-00-00 01 01 00 00-00
Laurence M. Goodman, Leg	al Couns	el	}		Williams & Davi	-	-	reet, 24th F	loor, Ph	nil., PA
13c. Tel. No.	13d. Cell N	lo.	·	13e. Fax N	lo.	13f. E-N	lail Address			
(215) 656-3608			}		61-5135		lman@ww	dlaw.com		-1/1/31
I declare that I have read the above	petition a	nd that the state	ements are							
Name (Print)		Signatur	e .	10	11-11	Tyle .				Date
Laurence M. Goodman		Fu	m	11/6		Legal Co	ounsel	<del></del>		3/27/19

Name (Print) (b) (6), (b) (7)(C

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 06-RD-238275	3-25-19					

RD PETITION 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: 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Dubrook, Inc. 303 Bantam Avenue, Butler, PA 16001 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Charles Major, Plant Manager 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 724-283-3111 ap.thiel@dubrookinc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Butler, PA Ready Mix Plant Concrete 5b. Description of Unit Involved 6a. No. of Employees in Unit: **Included:** All full-time and regular part-time mixer drivers employed by the Employer at its 6b. Do a substantial number (30% or 303 Bantam Avenue, Butler, Pennsylvania, facility; more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes **Excluded:** All clerical employees and guards, professional employees and supervisors as [ X ] No [ ] defined in the Act, and all other employees. \_\_\_\_ 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 8b. Address Teamsters, Chauffeurs, Warehousemen and Helpers, Local Union 538 P. O. Box 128, Worthington, PA 16262 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 724-297-3427 724-816-7188 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, M if any (Month, Day, Year) International Brotherhood of Teamsters March 31, 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO \_\_ If so, approximately how many employees are participating? \_ has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10d. Cell No. 10b. Address 10c. Tel. 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 11a. Election Type: X Manua! Mail Mixed Manual/Mail any such election 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): March 5, 2019 9:00 - 9:30 AM Upstairs Meeting Room 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12e. Cell No. 12d. Tel No. 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C 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 13c. Tel No. 13d. Cell No. 13e. Fax No. (b) (6), (b) (7)(C) I declare that I have read the above pet ie to the best of my knowledge and belief.

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

Title

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 (b) (6), (b) (7)(C) NLRB to decline to invoke its processes.