## FORM N.LRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
06-RC-230660	11-7-18				

							06-K	3-23000	U	11-	/-10
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition named in	must be accomp the petition of: (	panied by 1) the pet	both ition;	a showing of intere (2) Statement of Pos	st (see 6b sition form	below) and n (Form NLI	l a certificat RB-505); an	e of service s d (3) Descrip	showing s tion of Re <sub>l</sub>	ervice on oresentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desire	s to be certified a	s represe under its	ntative prop	e of the employees. The er authority pursuar	he Petition nt to Secti	ner alleges to on 9 of the l	that the foll National La	owing circum bor Relations	nstances e s Act.	
2a. Name of Employer: Durham School Services	10782	. Wa	s) of Establishment(s) attsburg Road s, PA 16442	involved	Street and r	number, City	State, ZIP co	ode):			
3a. Employer Representative - Name and Title: Dorothy Stoltz, General Manager  3b. Address (if same as 2b - state same): same											
3c. Tel. No. 814-824-4113	3d. Cell No 814-82		1	3e. Fa 814-	ex No. -825-0929		3f. E-Mail A dbayle@		schoolser	vices.co	m
4a. Type of Establishment (Factory, r transportation	mine, whole	saler, etc.)			rincipal Product or Se ool bus transpor				d State where urg, Peni		
5b. Description of Unit Involved: Included: see attached sheet								6a. Numbe 27	r of Employee	es in Unit:	
Excluded: see attached sheet								of the e	ubstantial num mployees in t inted by the P	he unit wis etitioner? [	h to be ′
Check One: 7a. Request for reconnection on or about (Date)	J	(if n	o reply re	ceived	l, so state).	by petiti		d Employer o	leclined recog	Inition	
7b. Petitioner is cui  8a. Name of Recognized or Certifie  None	<u>`</u>				tive and desires certif b. Address:	ication und	der the Act.				
8c. Tel. No.	8d. Cell No	).		8e. Fa	ax No.		8f. E-Mail A	ddress			
8g. Affiliation, if any:			8h	. Date	of Recognition or Ce	rtification			rrent or Most Month, Day, \	Year)	
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	ent(s) invo	ved?	No If so, a		•		are participa		
(Name of Labor Organization)  10. Organizations or individuals other	r than Petition	oner and those na	amed in ite	ems 8	and 9, which have cla				er since (Montes and other o		
individuals known to have a repre	esentative in		oloyees in	the un	nit described in item 5	b above. (					
10a. Name Ernest B. Orsatti, Esq.		10b. Address 310 Grant S	Street,	et, Grant Building 3rd Floor			10c. Tel. No. 412-338-1145 412-523-9893				
Rothman Gordon, P.C.		Pittsburgh,					10e. Fax No 412-246	-1745			ngordon.com
11. Election Details: If the NLRB collectioner contends that the							h election:	11a. Electioi Manua	_	☐ Mixed	Manual/Mail
11b. Election Date(s): Earliest possible date		11c. Election Tir 8:30 am un						Election Location(s): n mechanic bay			
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 E. 11th Street, Erie PA 16503											
12c. Full name of national or internati International Brotherhood	of Tear	nsters	nich Petitio			uent (if nor					
12d. Tel. No. 814-454-1516	12e. Cell N 814-32.	3-0165		814-	ax No. -454-1518			str397@v	elocity.co	om	
13. Representative of the Petitioner who will accept service of all par 13a. Name and Title: Ernest B. Orsatti, Esq. Attorney				13b. A	purposes of the rep Address (street and no Grant Street, Gra	umber, city	, State and I	ZIP code):	sburgh, PA	<b>A</b> 15219	
13c. Tel. No. 412-338-1145	13d. Cell N 412-33	8-1145		412-	ax No. -246-1745				angordon	.com	
I declare that I have read the above Name (Print)	petition a	nd that the state		e true	to the best of my kr	iowledge Title			-		Date
Ernest B. Orsatti		21	ken k	حل	3 Chart	5 At	torney				11-7-18

Paragraph 5b.

Included: all regular full time and part time bus drivers employed at the employer's Wattsburg, Pennsylvania facility,

Excluded: all other employees including bus monitors, payroll clerks, drivers in training, mechanics, clerical employees, dispatchers, guards, supervisors and managerial employees as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 06-RC-230819	Date Filed 11-9-18					

INSTRUCTIONS: Unless e-Filed	using the Agend	y's website, <u>w</u>	vw.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region		
in which the employer concerne								
of service showing service on t	he employer and	all other partie	s named in the petitio	n of: (1) the petit	ion; (2) State	ement of Position form		
(Form NLRB-505); and (3) Desc.	ription of Repres	entation Case I	Procedures (Form NLI	RB 4812). The sh	owing of int	erest should only be filed		
with the NLRB and should not b	e served on the	employer or an	y other party.	•	•	•		
1. PURPOSE OF THIS PETITION: RC	CERTIFICATION O	F REPRESENTATI	VE - A substantial number					
bargaining by Petitioner and Petition								
requests that the National Labor R  2a. Name of Employer	elations board prod		per authority pursuant to idress(es) of Establishment					
CAE USA, Inc.		,			•	langer 88 Columbus, OH 43217		
3a. Employer Representative - Name	and Title		3b. Address (If same as					
Carrie Stawski			4908 Tampa West	,	33634			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress		
813-887-1534	Unknown		813-901-6429			ski@caemilusa.com		
4a. Type of Establishment (Factory, mir	e, wholesaler, etc.)	4b. Principal pro	duct or service			and State where unit is located:		
Training Center		KC-135 Simu	lator Maintenance		Coraop	olis, PA and Columbus, OH		
5b. Description of Unit Involved	·	·	<del>`</del>	· · · · · · · · · · · · · · · · · · ·		6a. No. of Employees in Unit:		
Included: Simulator Maint	enance I II I	11				2		
						6b. Do a substantial number (30%		
Office clerical, pro	footional mar	nogorial guá	rde and cuparvicar	s as defined in	the act	or more) of the employees in the unit wish to be represented by the		
Office cierical, pro	iessionai, mai	lagerial, gua	rus ariu supervisor	s as defined if	i lile act	Petitioner? Yes ✓ No		
Check One: 7a. Request for	or recognition as Bar	galning Representa	itive was made on (Date) _	an	d Employer dec	lined recognition on or about		
<del></del>	(Date)	(If no reply receive	d, so state).	ring Servi	LS 05			
			epresentative and desires	certification under the	Act.	12 cman &		
8a. Name of Recognized or Certified	Bargaining Agent (/	f none, so state).	8b. Address					
None	1 04 05 11 115		Y on Co. No.	· · · · · · · · · · · · · · · · · · ·	8f. E-Mail Add			
8c. Tel No.	8d Cell No.		8e. Fax No.		oi. E-iviali Add	iess		
8g. Affiliation, if any	<u>·                                      </u>		8h. Date of Recognition or	Certification		Date of Current or Most Recent		
			•		Contract, if an	y (Month, Day, Year)		
9. Is there now a strike or picketing at the	ie Employer's establi	shment(s) involved	? No If so, approx	imately how many en	iployees are pa	rticipating?		
(Name of labor organization)			eted the Employer since (/			·		
10. Organizations or individuals other th	an Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as rep	resentatives and	d 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. Ad	Idraes	<del> </del>	10c. Tel. No.	<del> </del>	10d. Cell No.		
Toa. Name	100.70	idiess		100. 101. 110.		100.00.110.		
				10e. Fax No.		10f. E-Mail Address		
					<u> </u>	<u></u>		
11. Election Details: If the NLR8 cond	lucts an election in th	nis matter, state you	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
any such election.  11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Local	ion(s):	·· · · · · · · · · · · · · · · · · · ·		
November 30, 2018		P.M 1:00 P.M.		Each Location's Br				
12a. Full Name of Petitioner (including	g local name and n	umber)				city, state, and ZIP code)		
International Association of Machinist				86 South 26th Stre	et, Pittsburgh,	PA 15203		
12c. Full name of national or internation			is an affiliate or constituen	it (if none, so state)				
International Association of Machinists		orkers, AFL-CIO	1 12f Fay No		120 F-Mail A	ddress		
(412) 381-6464	12d. Tel No.     12e. Cell No.     12f. Fax No.     12g. E-Mail Address       (412) 381-6464     (814) 215-8700     (412) 381-6466     rmiller@iam98.org							
13. Representative of the Petitioner v				entation proceeding	<del></del>			
13a. Name and Title Nicholas A. Scotto, Special Rep. 13b. Address (street and number, city, state, and ZIP code) 26 Court St, Suite 1710, Brooklyn, NY 11242								
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address								
(646) 926-2910	(631) 219-411		(646) 902-5720		nscotto@iama	aw.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)	Signatura		Title		Date			
Nicholas A. Scotto		$\rightarrow$	Special Representative		November	9, 2018		

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

	DO NOT WRITE	IN THIS SPACE
Case No.	06-RC-231314	Date Filed 11-20-1 <b>9</b>

RC PEIII	IUN		0-KC-23131	7 11	-20-19		
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 loca							
of service showing service on the emplo							
(Form NLRB-505); and (3) Description of			.RB 4812). The s	howing of int	erest should only be filed		
with the NLRB and should <u>not</u> be served	with the NLRB and should <u>not</u> be served on the employer or any other party.						
PURPOSE OF THIS PETITION: RC-CERTIFIC bargaining by Petitioner and Petitioner desires requests that the National Labor Relations 6	o be certified as representati loard proceed under its pro	ve of the employees. The per authority pursuant to	Petitioner alleges to Section 9 of the N	hat the following ational Labor Re	g circumstances exist and elations Act.		
2a. Name of Employer		dress(es) of Establishmen					
Carnegie Library of Pittsburgh  3a. Employer Representative – Name and Title	DU A	lexander Street 3b. Address (If same a		PA 1522	<u> </u>		
Paul Vanderwiel (HR)		Same	s 20 – state same)				
412-315-5577 412	Cell No. -622-5781	3e. Fax No.		3f. E-Mail Addi vanderwie	ress elp@carnegielibrary.		
4a. Type of Establishment (Factory, mine, wholese Library Support Center	aler, etc.) 4b. Principal pro Library Se				and State where unit is located: urgh, PA		
5b. Description of Unit Involved				<u>-</u>	6a. No. of Employees in Unit:		
Included: All full-time/part-time [	Privers for the Lib	rary Support Ce	enter	]	9		
Excluded: Warehouse, office cler				es	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes \( \sqrt{No} \)		
Check One: 7a. Request for recognition	on as Bargaining Representa (Date) (If no reply receive		By Petition ar	id Employer ded	ined recognition on or about		
7b. Petitioner Is currently	recognized as Bargaining R	epresentative and desires	certification under the	Act.			
8a. Name of Recognized or Certified Bargaining None Known	g Agent (if none, so state).	8b. Address					
8c. Tel No. 8d C	ell No.	8e. Fax No.		8f. E-Mail Addr	ess		
8g. Affiliation, if any		8h. Date of Recognition o	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 Employe					rticipating?		
	, has pick				·		
10. Organizations or individuals other than Petition known to have a representative interest in any emp None Known				resentatives and	l other organizations and individuals		
10a. Name	10b. Address		10c. Tel. No.	10d. Cell No.			
			10e. Fax No.		10f. E-Mail Address		
<ol> <li>Election Details: If the NLRB conducts an ele any such election.</li> </ol>		r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): December 10-14, 2018	11c. Election Time(s): 6:30 - 9:00am; 2	2:30 - 4:00pm	11d. Election Location(s): Breakroom				
12a. Full Name of Petitioner (including local name and number)  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							
412-682-3700	Cell No.	12f. Fax No. 412-682-3732			dress sters249.org		
13. Representative of the Petitioner who will ac	• • •	or purposes of the repres	sentation proceedin	8.			
13a. Name and Title Steven Winslow,	Union Attorney	13b. Address (street and 219 Fort Pitt B			222		
412-281-3850  412	Cell No. -802-2653	13e. Fax No. 412-281-1985		13f. E-Mail Add SW@jpila\	fress		
I declare that I have read the above petition and		ue to the best of my know	viedge and belief.				
Name (Print) Signature Steven Winslow		Title Union Attorney		Date 11/19/2	018		
		1		1, 10/2	<u> </u>		

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) (2-13)

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
06-RC-231782	11-29-18				

								27 10	
INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nirb.gov/], submit en original of this Pelition to an NLRB office in the Region in which the employer concerned is located. The pelition 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.									
a. Name of Employer:  2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  301 4th Ave, McKeesport, Pa 15132									
Drew Phelps - Plant Manager  3b. Address (if same as 2b + state same):  Same									
3c. Tel. No. 412-267-5846	3d. Cell No. 570-412-571	0	3e. Fax No		31, E-Mail A dphelps(	ddr <del>ess</del> @dura-bo	ond.com		
4a, Type of Establishment <i>(Factory, r</i> Pipe Mill	nine, wholesaler, e	tc.)	4b. Principa Steel Pi	al Product or Service pe			sport, Pa	located;	
5b. Description of Unit involved: Included: All Production, Maintenar Excluded:	nce, Lab, and	Quality Con	trol empl	oyees.		64	r of Employees in U		
All Clerical, Guards, and S	ognition as Bargair	ing Representativ	e was made	on (Date) 11/2	29/18 and	of the e represe	bstantial number (3 mployees in the unitated by the Petition eclined recognition	t wish to be	
on or about (Date) 7b. Petitioner is cur	Petition is Demi rendy recognized a	and (if no reply r is Bargaining Rep	eceived, so s resentative a	itate). nd desires certification	under the Act.				
8a. Name of Recognized or Certifie NONE	d Bargaining Age	nt (If none, so sta	fe)   8b. Ad	dress;					
8c. Tel, No.	8d. Cell No.		8e. Fax No		8f. E-Mail A	ddress		· · · · · · · · · · · · · · · · ·	
8g. Affiliation, if any:		8	h. Date of Re	ecognition or Certificat		8f. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
Is there now a strike or picketing a     (Name of Labor Organization)	the Employer's es	tablishment(s) inv	oived? No	If so, approx	-		are participating?		
Organizations or Individuals other individuals known to have a representation.					recognition as n	presentative	er since (Month, De es and other organi		
10a. Name NONE	10b. A	ddress		Jakili da sa A	10c. Tel. No	<b>)</b> .	10d. Cell No.		
					10e. Fax N	o.	10f. E-Mail Addres	8	
11. Election Details: If the NLRB co	nducts and election	in this matter, ste	ite your posit	ion with respect to any	such election:	11a. Election	••	lixed Manual/Mail	
11b. Election Date(s): 12/20/18		lection Time(s): -3pm				n Location(s			
12a. Full Name of Petitioner (including local name and number): United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International									
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state).  United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union									
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 412-824-8140 412-829-2861									
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Tide: Bernie Hall - Staff Representative				pers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code): 1945 Lincoln Highway, North Versailles, Pa 15137			137		
13c, Tel. No. 412-824-8140	13d. Cell No. 724-920-492		13e. Fax N		13f. E-Mail bhall@i		<del></del>		
I declare that I have road the above	potition and that		ace true to th	e best of my knowle					
Name (Print) Bernie Hall		Signature	2 fr	-	Staff Repre	esentativ	<del>.</del>	Date 11/29/18	

# UNITED STATES GOVERNMENT NAT

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ON	AL L	AB	OR	REL	ATI	ONS	BOAR	)
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DO NOT V	VRITE IN THIS SPACE
Case No.	Date Filed
06 DD 220700	11 0 10

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 225 S. Center Avenue, Somerset, PA 15501 Somerset Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME AS ABOVE Michelle Brant, HR Manager 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 814-443-5070 814-443-5692 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Health care services Somerset, PA Hospital 6a. No. of Employees in Unit: 5b. Description of Unit Involved .15 Included: All full time and regular part-time cafeteria workers employed by the Employer at Somerset Hopsital in 6b. Do a substantial number (30% Somerset, Pennsylvania or more) of the employees in the unit no longer wish to be Excluded: All office clerical employees and guards, professional employees and supervisors, as defined in the Act, and represented by the certified or currently recognized bargaining all other employees. representative? Yes [ X ] No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (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 United Food and Commercial Workers, Local 1776 - 345 Southpointe Blvd., Suite 300, Canonsburg, PA 15317-9811 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8c. Tel No. 1-800-245-2424 ext. 201 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) United Food and Commercial Workers, AFL-CIO, CLC February 28, 2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved?  $\underline{\phantom{a}}$  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) 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 11a. Election Type: Manual \_\_\_ Mail Mixed Manual/Mail any such election. 11c. Election Time(s):6:45 p.m. to 7: 15 p.m. 11d. Election Location(s): Conference room at Somerset Hospital, 11b. Election Date(s): 12a. Full Name of Petitioner 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE 12g. E-Mail Address 12e. Cell No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C), Petitioner (b) (6), (b) (7)(C) 13f. E-Mail Address 13e. Fax No. (b) (6), (b) (7)(C) b) (6), (b) (7)(C) 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) Name (Print) (b) (6), (b) (7)(C) Title

Petitioner BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATE

## 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.