

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-244715	Date Filed July 11, 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: 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
Maytag Aircraft Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
6145 Lehman Drive, Suite 300
CO Colorado Springs 80918-

3a. Employer Representative - Name and Title
Patti Hains

3b. Address (If same as 2b - state same)
6145 Lehman Drive, Suite 300
CO Colorado Springs 80918-

3c. Tel. No.
(719) 593-1600

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
phains@maytagaircraft.com

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

4b. Principal product or service
US Govt. Services Contractor

5a. City and State where unit is located:
Huntsville, AL

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:
5

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) 07/09/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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? 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):
August 1, 2019

11c. Election Time(s):
3:30 pm

11d. Election Location(s):
Red Stone Arsenal Employer site location

12a. Full Name of Petitioner (including local name and number)
James Flynn
James Flynn

12b. Address (street and number, city, state, and ZIP code)
502 TAYLOR TRL
MS WAVELAND 39576-

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 LU 558

12d. Tel No.
(601) 590-0698

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
jimmy_flynn@ibew.org

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)

13c. Tel No.

13d. Cell No.

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)
James Flynn

Signature
James Flynn

Title
International Lead Organizer

Date
07/9/2019 13:32:33

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

Employees Included

Fuel Distribution Operator, Fuel Distribution System Mechanic

Employees Excluded

All Clerical, office employees, security guards, janitorial, grounds keeping and supervisory personnel as defined by the NLRA.

Case No. 10-RC-245223	Date Filed July 22, 2019
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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: BAE Systems Technology Solutions & Services, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Pilot Training Center BLDG 2145, 101 Drayton St. MCAS Beaufort, SC 29904
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3a. Employer Representative - Name and Title: Peter Perniciaro Legal Counsel BAE Systems I&S	3b. Address (if same as 2b - state same): 8201 Greensboro Dr. McLean, VA 22102
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3c. Tel. No. 516-658-5916	3d. Cell No.	3e. Fax No.	3f. E-Mail Address peter.perniciaro@baesystems.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pilot Training Center	4b. Principal Product or Service Military Pilot Instruction	5a. City and State where unit is located: Beaufort, SC
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5b. Description of Unit Involved: Included: Full/Part Time Contract Instructor Pilots, Console Instructors, and Console Operators Excluded: Management and all other support and administrative employees.	6a. Number of Employees in Unit: 7	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/24/19 and Employer declined recognition on or about (Date) 07/16/19 (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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): August 2019	11c. Election Time(s): During working hours	11d. Election Location(s): MCAS Beaufort, SC
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12a. Full Name of Petitioner (including local name and number): Lowcountry Contract Instructor Pilots Association	12b. Address (street and number, city, State and ZIP code): 19 Long Pond Dr Beaufort, SC 29907
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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


12d. Tel. No. 678-525-5028	12e. Cell No. 678-525-5028	12f. Fax No.	12g. E-Mail Address MALLENF18@gmail.com
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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: Michael Allen Association Representative	13b. Address (street and number, city, State and ZIP code): 19 Long Pond Dr Beaufort, SC 29907
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13c. Tel. No. 678-525-5028	13d. Cell No. 678-525-5028	13e. Fax No.	13f. E-Mail Address MALLENF18@gmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <u>Michael Allen</u>	Signature 	Title <u>LCIPA REPRESENTATIVE</u>	Date <u>7/19/19</u>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-245252	Date Filed July 22, 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: 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 Magellan Healthcare, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2115 Son Tay Rd. Fort Bragg, NC 28310	
3a. Employer Representative - Name and Title Michael Francisco, HR Business Consultant		3b. Address (If same as 2b - state same) 14100 Magellan Plaza Maryland Heights, MO 63043-4644	
3c. Tel. No. (571) 403-3760	3d. Cell No.	3e. Fax No.	3f. E-Mail Address franciscom@magellanhealth.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
5a. City and State where unit is located: Fort Bragg, NC			5b. Description of Unit Involved

Included: All regular full-time and part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Fort Bragg in North Carolina.
Excluded: All supervisors, guards, office clerical and all other employees as defined by the Act.

6a. No. of Employees in Unit: 70
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) By Petition 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): Ballots mailed	11c. Election Time(s): N/A	11d. Election Location(s): N/A

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge 47

12b. Address (street and number, city, state, and ZIP code)
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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 Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. (916) 985-8101	12e. Cell No. (916) 597-6100	12f. Fax No. (916) 985-8121	12g. E-Mail Address Mward@iamaw.org
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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 David W.M. Fujimoto, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net dfujimoto@unioncounsel.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) David W.M. Fujimoto, Attorney	Signature 	Title Attorney	Date July 22, 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

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)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 10-RC-245751	Date Filed July 26, 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 - 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
PHOENIX LOGISTICS INC. (MSTC)

2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)
1773 WEST 15TH STREET, FORT STEWART, GA 31314

3a. Employer Representative - Name and Title
ANDREW GARCIA

3b. Parent Company Address (If same as 2b - state same)
12249 SCIENCE DRIVE, SUITE 160, ORLANDO, FL 32826

3c. Tel. No.
407-378-2684

3d. Cell No.

3e. Fax No.

3d. E-Mail Address
AGARCIA@PHXLOGISTICS.COM

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

4b. Principal product or service
MEDICAL TRAINING FOR MEDICAL PERSONNEL

5a. City and State where unit is located:
FORT STEWART, GA

5b. Description of Unit Involved
Included:
ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: TECHNICAL TRAINER INSTRUCTOR (15090) WORKING AT THE COMPANY'S FACILITY AT FORT STEWART, GA.
Excluded:
OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

6a. No. of Employees in Unit:
3

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) (if no reply received, so state) 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
N/A

8c. Tel. No.
N/A

8d. Cell No.
N/A

8e. Fax No.
N/A

8f. E-Mail Address
N/A

8g. Affiliation, if any
N/A

8h. Date of Recognition or Certification
N/A

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **N/A** 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
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

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):
AUGUST 12, 2019

11c. Election Time(s):
8:00 AM - 9:00 AM

11d. Election Location(s):
CONFERENCE ROOM - BUILDING 3002

12a. Full Name of Petitioner (including local name and number)
IAMAW, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No.
817-505-0100

12e. Cell No.

12f. Fax No.
817-459-0107

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
JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE

13b. Address (street and number, city, state, and ZIP code)
690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011

13c. Tel. No.
817-505-0100

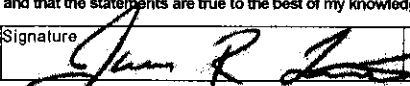
13d. Cell No.
682-401-7835

13e. Fax No.
817-459-0107

13d. E-Mail Address
JLITTLE@IAMAW.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)
JAMES R. LITTLE

Signature


Title
GRAND LODGE REPRESENTATIVE

Date
7/26/2019

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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