

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>05-RC-252753</b>	Date Filed <b>12/3/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 First Transit		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 761 C Elkridge Landing Road MD Luthicum Heights 21090-	
3a. Employer Representative - Name and Title Michael Stinson		3b. Address (If same as 2b - state same) 7063 Friendship Road, BWI Airport MD Baltimore 21240-	
3c. Tel. No. (410) 684-3346	3d. Cell No.	3e. Fax No. (410) 684-3349	3f. E-Mail Address michael.stinson@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Passenger Transportation	5a. City and State where unit is located: Baltimore, MD

5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details		6a. No. of Employees in Unit: 13
<b>Excluded:</b> See Attached Page 2 for additional details		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) \_\_\_\_\_ 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.

11b. Election Date(s): December 20, 2019	11c. Election Time(s): 4:00-5:00 am, 12:00-1:00 pm	11d. Election Location(s): Break Room
---	---	--

12a. Full Name of Petitioner (including local name and number) Javier M. Perez Jr. Amalgamated Transit Union Local 1764	12b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790
---	---

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

12d. Tel No. (301) 431-7100	12e. Cell No.	12f. Fax No. (301) 431-7116	12g. E-Mail Address jperez@atu.org
--------------------------------	---------------	--------------------------------	---------------------------------------

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

13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790	
13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No. (301) 431-7116	13f. E-Mail Address dsmith@atu.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) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 12/3/2019 10:34:42
---------------------------------	------------------------------	------------------------------------	----------------------------

**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.

**DO NOT WRITE IN THIS SPACE**

Attachment

Case

05-RC-252753

Date Filed

12/3/19

**Employees Included**

All full-time and regular part-time road supervisors/dispatchers employed by the Employer at its facilities currently located at 761 C Elkridge Landing Road, Lithicum Heights, and 7063 Friendship Road, BWI Airport in Maryland.

**Employees Excluded**

All other employees, office clericals, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-AC-252765</b>	Date Filed <b>12/3/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
Paragon Systems

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
Peace Corps - 1275 First Street, NE, Washington, DC 20002

**3a. Employer Representative - Name and Title:**  
Laura M. Hagan

**3b. Address (if same as 2b - state same):**  
13900 Lincoln Park Drive, Suite 300 Herndon, VA 20171

**3c. Tel. No.**  
703-263-7176

**3d. Cell No.**

**3e. Fax No.**  
703-263-9527

**3f. E-Mail Address**  
lhagan@parasys.com

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

**4b. Principal Product or Service**

**5a. City and State where unit is located:**  
Washington, DC

**5b. Description of Unit Involved:** All full-time and part-time and armed and unarmed included: security officers and reserve officers performing duties as defined in section 9(B)(3) of the NLRBA, employed by Paragon Systems at Peace Corps located in Washington, DC

**6a. Number 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

**Excluded:**  
All officer clerical employees, professional employees and sup. as defined by the act.

**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?** 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):** 12/20/19

**11c. Election Time(s):** 8:30 a.m. - 5:30 p.m.

**11d. Election Location(s):** Site

**12a. Full Name of Petitioner (including local name and number):**  
Union Rights for Security Officers (URSO)

**12b. Address (street and number, city, State and ZIP code):**  
5166 7th Street, NE  
Washington, DC 20011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Union Rights for Security Officers (URSO)

**12d. Tel. No.**  
202-306-0060

**12e. Cell No.**  
202-306-0060

**12f. Fax No.**  
301-505-3656

**12g. E-Mail Address**  
stanhutch1228@yahoo.com

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

**13a. Name and Title:**  
Veary Kin, Consultant

**13b. Address (street and number, city, State and ZIP code):**  
12603 Stratford Garden Drive  
Silver Spring, MD 20904

**13c. Tel. No.**  
202-306-0060

**13d. Cell No.**  
202-306-006

**13e. Fax No.**  
301-505-3656

**13f. E-Mail Address**  
stanhutch1228@yahoo.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)**  
Stanley E. Hutchins

**Signature**  
*Stanley Hutchins*

**Title**  
President

**Date**  
12/02/19

**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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. 5-RC-252814	Date Filed 12/4/19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
Whitestone Group, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
100 Bureau Dr., Gaithersburg, MD 20899

**3a. Employer Representative - Name and Title**  
Leff LaRe, VP

**3b. Address (if same as 2b - state same)**  
6422 E Main St, Suite 100, Reynoldsburg, OH 43068

**3c. Tel. No.**  
614-269-1078

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
jlare@whitestonegroup.us

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
SECURITY AGENCY

**4b. Principal product or service**  
SECURITY

**5a. City and State where unit is located:**  
Gaithersburg, MD

**5b. Description of Unit Involved**  
**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, PSO'S, CONSOLE OPERATORS AND DISPATCHERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY WHITESTONE GROUP, INC @ 100 BUREAU DR., GAITHERSBURG, MD 20899  
**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**6a. No. of Employees in Unit:**  
40

**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). **NO**  
 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).**  
uspoa

**8b. Address**  
1501 Manchester St, Toms River, NJ 08757

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**  
732-408-5762

**8f. E-Mail Address**  
assaneba@aol.com

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
9/30/22

**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

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**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):**  
1/3/20

**11c. Election Time(s):**  
5:00-7:30 am & 1:00-3:00 pm

**11d. Election Location(s):**  
Break Room

**12a. Full Name of Petitioner (including local name and number)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12b. Address (street and number, city, state, and ZIP code)**  
25510 Kelly Road, Roseville, MI 48066

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12d. Tel No.**  
586-772-7250 X111

**12e. Cell No.**  
586-872-5634

**12f. Fax No.**  
586-772-9644

**12g. E-Mail Address**  
organize@spfpa.org

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

**13a. Name and Title**  
Gordon Gregory, General Counsel

**13b. Address (street and number, city, state, and ZIP code)**  
65 Cadillac Square, Suite 3727, Detroit, MI 48226

**13c. Tel No.**  
313-964-5600

**13d. Cell No.**

**13e. Fax No.**  
313-964-2125

**13f. E-Mail Address**  
Gordon@UnionLaw.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)  
Dwayne Phillips

Signature  
*Dwayne Phillips*

Title  
Organizing Director

Date  
12-3-19

**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.



**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> American Security Programs	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> US Customs and Border Protection 5900 Auth Road, Camp Springs, MD 20746
<b>3a. Employer Representative - Name and Title:</b> Mark Phinney	<b>3b. Address (if same as 2b - state same):</b> 1881 Campus Commons Drive, Suite 10, Reston, VA 20191

<b>3c. Tel. No.</b> (703) 834-8900	<b>3d. Cell No.</b> (703) 898-1723	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mphinney@securamericallc.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security		<b>4b. Principal Product or Service</b>	<b>5a. City and State where unit is located:</b> Maryland

<b>5b. Description of Unit Involved:</b> All full-time and part-time and armed and unarmed included: security officers and reserve officers performing duties as defined in section 9(B)(3) of the NLRBA, employed by American Security at US Customs located in Maryland. <b>Excluded:</b> All officer clerical employees, professional employees and sup. as defined by the act.	<b>6a. Number of Employees in Unit:</b> 8	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>	<b>8b. Address:</b>
---	---------------------

<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **Manual Election** **11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 12/27/19	<b>11c. Election Time(s):</b> 0700-1500	<b>11d. Election Location(s):</b> Site
---	--	---

<b>12a. Full Name of Petitioner (including local name and number):</b> Union Rights for Security Officers (URSO)	<b>12b. Address (street and number, city, State and ZIP code):</b> 5166 7th Street, NE Washington, DC 20011
---	---

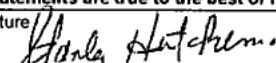
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Union Rights for Security Officers (URSO)

<b>12d. Tel. No.</b> 202-306-0060	<b>12e. Cell No.</b> 202-306-0060	<b>12f. Fax No.</b> 301-505-3656	<b>12g. E-Mail Address</b> stanhutch1228@yahoo.com
--------------------------------------	--------------------------------------	-------------------------------------	---

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Veary Kin, Consultant	<b>13b. Address (street and number, city, State and ZIP code):</b> 12603 Stratford Garden Drive Silver Spring, MD 20904

<b>13c. Tel. No.</b> (240) 882-9198	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> vceary@vearyenterprises.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) Stanley E. Hutchins	Signature 	Title President	Date 12/05/19
-------------------------------------	--	--------------------	------------------

**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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>05-RC-252847</b>	Date Filed <b>12/5/19</b>
---------------------------------	------------------------------

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>Allied Universal</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>2345 Crystal Dr., Suite 103, Arlington, VA 22202</b>	
3a. Employer Representative - Name and Title <b>David Chapla, VP Labor Relations</b>		3b. Address (If same as 2b - state same) <b>161 Washington St., Suite 600, Conshohocken, PA 19428</b>	
3c. Tel. No. <b>484-351-1418</b>	3d. Cell No.	3e. Fax No. <b>484-351-1419</b>	3f. E-Mail Address <b>david.chapla@aus.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SECURITY AGENCY</b>		4b. Principal product or service <b>SECURITY</b>	
4c. City and State where unit is located: <b>Arlington, VA</b>			6a. No. of Employees in Unit: <b>55</b>

**6b. Description of Unit Involved**  
**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED UNIVERSAL @ 2345 CRYSTAL DR., SUITE 103, ARLINGTON, VA 22202  
**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

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). <b>NONE</b>		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): <b>12/20/19</b>	11c. Election Time(s): <b>6:00-8:00 am &amp; 2:00-4:00 pm</b>	11d. Election Location(s): <b>Team Room</b>
---	---	--	--

12a. Full Name of Petitioner (including local name and number)  
**International Union, Security, Police and Fire Professionals of America (SPFPA)**

12b. Address (street and number, city, state, and ZIP code)  
**25510 Kelly Road, Roseville, MI 48066**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Union, Security, Police and Fire Professionals of America (SPFPA)**

12d. Tel No. <b>586-772-7250 X111</b>	12e. Cell No. <b>586-872-5634</b>	12f. Fax No. <b>586-772-9644</b>	12g. E-Mail Address <b>organize@spfpa.org</b>
--	--------------------------------------	-------------------------------------	--

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

13a. Name and Title <b>Gordon Gregory, General Counsel</b>		13b. Address (street and number, city, state, and ZIP code) <b>65 Cadillac Square, Suite 3727, Detroit, MI 48226</b>	
13c. Tel No. <b>313-964-5600</b>	13d. Cell No.	13e. Fax No. <b>313-964-2125</b>	13f. E-Mail Address <b>Gordon@UnionLaw.net</b>

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

Name (Print) <b>Dwayne Phillips</b>	Signature 	Title <b>Organizing Director</b>	Date <b>12-3-19</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 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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-253025	Date Filed 12/6/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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:**  
ARBAN & CAROSI, INC

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
13800 Dawson Beach Rd., Woodbridge, VA 22191

**3a. Employer Representative - Name and Title:**  
Nick Carosi

**3b. Address (if same as 2b - state same):**  
SAME

**3c. Tel. No.** 703-491-5121      **3d. Cell No.**      **3e. Fax No.** 703-490-9425      **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Plant and supply yard

**4b. Principal Product or Service**  
pre-cast concrete

**5a. City and State where unit is located:**  
Woodbridge, VA

**5b. Description of Unit Involved:**  
**Included:**  
All plant production, yard, and field installation-crew employees

**Excluded:**  
Office clericals, management, and confidential employees, guards, and supervisors

**6a. Number of Employees in Unit:**  
140

**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?**  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**  
NONE

**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):** December 20, 2019      **11c. Election Time(s):** Mail      **11d. Election Location(s):** Mail

**12a. Full Name of Petitioner (including local name and number):**  
Laborers' Local Union 202R

**12b. Address (street and number, city, State and ZIP code):**  
11951 Freedom Dr., Suite 310, Reston, VA 20190

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Laborers' International Union of North America

**12d. Tel. No.** 703-860-4194      **12e. Cell No.**      **12f. Fax No.** 703-860-1865      **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:**  
Gabriele Ulbig, Counsel

**13b. Address (street and number, city, State and ZIP code):**  
11951 Freedom Dr., Ste. 310, Reston VA 20190

**13c. Tel. No.** 703-860-4194      **13d. Cell No.**      **13e. Fax No.** 703-860-4194      **13f. E-Mail Address** gulbig@maliuna.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)** Gabriele Ulbig      **Signature**       **Title** Associate Counsel      **Date** 12/6/19

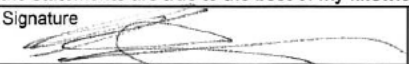
**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT**

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 may cause the NLRB to decline to invoke its processes.



DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-253095</b>	Date Filed <b>12/10/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer:</b> The Logistic Company/Caelum Research Corporation (DCSS)		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Aberdeen Test Center (ATC) Bldg 402, Room 101, Aberdeen Proving Ground, MD 21005	
<b>3a. Employer Representative - Name and Title:</b> Michael Gross, Program Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (410) 278-5004	<b>3d. Cell No.</b> Unknown	<b>3e. Fax No.</b> (910) 482-8083	<b>3f. E-Mail Address</b> michael.s.gross.ctr@mail.mil
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Base		<b>4b. Principal Product or Service</b> Data Compilation	<b>5a. City and State where unit is located:</b> Aberdeen Proving Grounds, Maryland
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All technical writers and editorial technicians <b>Excluded:</b> All other employees		<b>6a. Number of Employees in Unit:</b> 25	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>11/22/19</u> and Employer declined recognition on or about (Date) <u>No reply</u> (If no reply received, so state).		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> January 6, 2019		<b>11c. Election Time(s):</b> 1:00 PM - 3:00 PM	
<b>11d. Election Location(s):</b> Building 402 conference room			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Association of Machinists and Aerospace Workers, District Lodge 1, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> P.O. Box 638, Somers Point, NJ 08244	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel. No.</b> N/A	<b>12e. Cell No.</b> (443) 553-3046	<b>12f. Fax No.</b> N/A	<b>12g. E-Mail Address</b> colemamb2424@gmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Nicholas A. Scotto, Special Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 26 Court St, Ste 1710, Brooklyn, NY 11242	
<b>13c. Tel. No.</b> (929) 226-1724	<b>13d. Cell No.</b> (631) 219-4116	<b>13e. Fax No.</b> (646) 902-5720	<b>13f. E-Mail Address</b> nscotto@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.			
<b>Name (Print)</b> Nicholas A. Scotto		<b>Signature</b> 	<b>Title</b> Special Representative
			<b>Date</b> 12/10/19

**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 may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	5-RC-253108	Date Filed	12/10/19
----------	-------------	------------	----------

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> ISS Action	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 158-12 Rockaway Boulevard, Suite 200, Queens, NY 11434
---	--

<b>3a. Employer Representative - Name and Title</b> Linda Hodge	<b>3b. Address (If same as 2b - state same)</b> SAME
--	---

<b>3c. Tel. No.</b> 718-978-3000 x 107	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 718-978-3001	<b>3f. E-Mail Address</b> lhodge@issaction.com
---	---------------------	------------------------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Contractor	<b>4b. Principal product or service</b> Security Services	<b>5a. City and State where unit is located:</b> Queens, NY
---	--	--

<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part time security officers employed by Employer and assigned to the the Consumer Financial Protection Bureau facility located at 1700 G St. NW, Washington, DC 20552 <b>Excluded:</b> All clerical employees, professional employees, managerial employees and supervisors as defined in the Act.	<b>6a. No. of Employees in Unit:</b> 30 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	--------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
--------------------------------	---	--

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

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11b. Election Date(s):</b> 12/26/2019 - 12/30/2019	<b>11c. Election Time(s):</b> N/A	<b>11d. Election Location(s):</b> N/A
--	--------------------------------------	--

<b>12a. Full Name of Petitioner (including local name and number)</b> United Security & Police Officers of America	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5620 St. Barnabas Rd. Suite 390, Oxon Hill, MD 20745
---	--

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


<b>12d. Tel No.</b> 301-377-9860	<b>12e. Cell No.</b> 301-377-9860	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ishun.richards.uspoa@gmail.com
-------------------------------------	--------------------------------------	---------------------	--

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

<b>13a. Name and Title</b> Ishun Richards, National Vice President	<b>13b. Address (street and number, city, state, and ZIP code)</b> 5620 St. Barnabas Rd. Suite 314, Oxon Hill, MD 20745
---	--

<b>13c. Tel No.</b> 301-377-9860	<b>13d. Cell No.</b> 301-377-9860	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> ishun.richards.uspoa@gmail.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) Ishun J. Richards	Signature 	Title USPOA National Vice President	Date 12/10/2019
-----------------------------------	--	--	--------------------

**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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-253183</b>	Date Filed <b>12/11/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> ASP (American Security Programs)	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 7900 Auth Rd MD Camp Springs 20746-
---	--

<b>3a. Employer Representative - Name and Title</b> Cassandra Jones	<b>3b. Address (if same as 2b - state same)</b> 7900 Auth Rd MD Camp Springs 20746-
--	---

<b>3c. Tel. No.</b> (202) 271-4706	<b>3d. Cell No.</b> (202) 271-4706	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cassandrajones@yahoo.com
---------------------------------------	---------------------------------------	--------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services	<b>4b. Principal product or service</b> Armed security services @ federal government site	<b>5a. City and State where unit is located:</b> Clinton, MD
---	--	---

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 13	<b>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"/></b>
---	--	---

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<b>8b. Address</b>
--	--------------------

<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
---------------------	---------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
--------------------------------	---	--

**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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

<b>11b. Election Date(s):</b> December 18, 2019	<b>11c. Election Time(s):</b> 5-8AM, 1-4PM	<b>11d. Election Location(s):</b> At worksite
--	---	--

<b>12a. Full Name of Petitioner (including local name and number)</b> Chrissandra Jones Protective Service Officers United (PSOs United)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 8004 Neville Pl MD Ft. Washington 20744-
--	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
n/a

<b>12d. Tel. No.</b> (202) 502-8438	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> chrissandrajones@psosunited.com
--	----------------------	---------------------	---

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

<b>13a. Name and Title</b> Justin P Keating Attorney for Petitioner Beins, Axelrod, P.C.	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1717 K St. NW Suite 1120 DC Washington 20006-
--	--

<b>13c. Tel. No.</b> (202) 595-1941	<b>13d. Cell No.</b> (703) 966-3193	<b>13e. Fax No.</b> (202) 328-7030	<b>13f. E-Mail Address</b> jkeating@beinsaxelrod.com
--	--	---------------------------------------	---

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

<b>Name (Print)</b> Justin P Keating	<b>Signature</b> Justin P. Keating	<b>Title</b> Attorney for Petitioner	<b>Date</b> 12/2/2019 15:27:03
---	---------------------------------------	---	-----------------------------------

**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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case 5-RC-253183	Date Filed 12/11/19

**Employees Included**

All Full & Part-Time Guards employed by the Employer at the USCIS facility

**Employees Excluded**

Office clericals, professional employees, managers, and other supervisors as defined by the Act



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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-253302	Date Filed 12/13/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> Maryland American Water Co.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1004 Baltimore Pike, Bel Air, MD 21014 and 212 Archer Street, Bel Air Maryland 21014
---	---

<b>3a. Employer Representative - Name and Title:</b> Barry Suits, President	<b>3b. Address (if same as 2b - state same):</b> 260 Gateway Drive, Bel Air, MD 21014
--	--

<b>3c. Tel. No.</b> 410-838-8404	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Barry.Suits@amwater.com
-------------------------------------	---------------------	--------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Public Utility	<b>4b. Principal Product or Service</b> Water	<b>5a. City and State where unit is located:</b> Bel Air, Maryland
--	--	---

<b>5b. Description of Unit involved:</b> <b>Included:</b> All full-time and regular part-time production and distribution employees <b>Excluded:</b> All confidential secretaries, guards, executives and supervisors as defined by the NLRA.	<b>6a. Number of Employees in Unit</b> 9	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Utility Workers United Association, Local 537	<b>8b. Address:</b> 535 Smithfield St. Suite 300, Pit PA 15222
--	---

<b>8c. Tel. No.</b> 412-355-0200	<b>8d. Cell No.</b> 412-608-2041	<b>8e. Fax No.</b> 412-261-6221	<b>8f. E-Mail Address</b> sjp@sgkpc.com
-------------------------------------	-------------------------------------	------------------------------------	--

<b>8g. Affiliation, if any.</b>	<b>8h. Date of Recognition or Certification</b> 10-19-2018	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 10-31-19
---------------------------------	---	--

9 Is there now a strike or picketing at the Employer's establishment(s) involved?  No  Yes. 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

<b>10a. Name</b> Utility Workers Union of America, AFL-CIO	<b>10b. Address</b> 42 Ravenwood Blvd, Barnegat, NJ 08005	<b>10c. Tel. No.</b> 888-843-8982	<b>10d. Cell No.</b> 609-618-3176
		<b>10e. Fax No.</b> 609-607-0679	<b>10f. E-Mail Address</b> bobhouser@uwua.net

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

<b>11b. Election Date(s):</b> January 23, 2020	<b>11c. Election Time(s):</b> 6:00-8:30 AM and 2:30 -5:00 PM	<b>11d. Election Location(s):</b> 1004 Baltimore Pike, Bel Air, MD 21014
---	---	---

<b>12a. Full Name of Petitioner (including local name and number):</b> Utility Workers Union of America, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 42 Ravenwood Blvd, Barnegat, NJ 08005
---	---

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

<b>12d. Tel. No.</b> 888-843-8982	<b>12e. Cell No.</b> 609-618-3176	<b>12f. Fax No.</b> 609-607-0679	<b>12g. E-Mail Address</b> bobhouser@uwua.net
--------------------------------------	--------------------------------------	-------------------------------------	--

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Robert A. Houser, Director of Organizing	<b>13b. Address (street and number, city, State and ZIP code):</b> 42 Ravenwood Blvd, Barnegat, NJ 08005

<b>13c. Tel. No.</b> 888-843-8982	<b>13d. Cell No.</b> 609-618-3176	<b>13e. Fax No.</b> 609-607-0679	<b>13f. E-Mail Address</b> bobhouser@uwua.net
--------------------------------------	--------------------------------------	-------------------------------------	--


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

<b>Name (Print)</b> Robert A Houser	<b>Signature</b> Robert A. Houser	<b>Title</b> Director of Organizing	<b>Date</b> 12-13-19
--	--------------------------------------	--	-------------------------

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 this information may cause the NLRB to decline to invoke its processes.

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer:</b> Maryland American Water		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1004 Baltimore Pike, Bel Air, MD 21014 and 212 Archer Street, Bel Air Maryland 21014	
<b>3a. Employer Representative - Name and Title:</b> Barry Suits, President		<b>3b. Address (if same as 2b - state same):</b> 260 Gateway Drive, Bel Air, MD 21014	
<b>3c. Tel. No.</b> 410-838-8404	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Barry.Suits@amwater.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Public Utility		<b>4b. Principal Product or Service</b> Water	<b>5a. City and State where unit is located:</b> Bel Air, Maryland
<b>5b. Description of Unit Involved:</b> Included: All full-time and regular part-time production and distribution employees Excluded: All confidential secretaries, guards, executives and supervisors as defined by the NLRA.		<b>6a. Number of Employees in Unit:</b> 9  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> Utility Workers United Association, Local 537		<b>8b. Address:</b> 535 Smithfield St, Suite 300, Pit PA 15222	
<b>8c. Tel. No.</b> 412-355-0200	<b>8d. Cell No.</b> 412-608-2041	<b>8e. Fax No.</b> 412-261-6221	<b>8f. E-Mail Address</b> sjp@sgkpc.com
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b> 10-19-2018	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 10-31-19
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b> Utility Workers Union of America, AFL-CIO		<b>10b. Address</b> 42 Ravenwood Blvd, Barnegat, NJ 08005	
		<b>10c. Tel. No.</b> 888-843-8982	<b>10d. Cell No.</b> 609-618-3176
		<b>10e. Fax No.</b> 609-607-0679	<b>10f. E-Mail Address</b> bobhouser@uwua.net
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			
		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> January 30, 2020		<b>11c. Election Time(s):</b> 6-8:30 AM and 2:30-5:00 PM	
<b>11d. Election Location(s):</b> 1004 Baltimore Pike, Bel Air, MD 21014			
<b>12a. Full Name of Petitioner (including local name and number):</b> Utility Workers Union of America, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 42 Ravenwood Blvd, Barnegat, NJ 08005	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Utility Workers Union of Americas, AFL-CIO			
<b>12d. Tel. No.</b> 888-843-8982	<b>12e. Cell No.</b> 609-618-3176	<b>12f. Fax No.</b> 609-607-0679	<b>12g. E-Mail Address</b> bobhouser@uwua.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Robert A. Houser, Director of Organizing		<b>13b. Address (street and number, city, State and ZIP code):</b> 42 Ravenwood Blvd, Barnegat, NJ 08005	
<b>13c. Tel. No.</b> 888-843-8982	<b>13d. Cell No.</b> 609-618-3176	<b>13e. Fax No.</b> 609-607-0679	<b>13f. E-Mail Address</b> bobhouser@uwua.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Robert A. Houser	<b>Signature</b> 		<b>Title</b> Director of Organizing
			<b>Date</b> 12-18-19

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 may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>5-RC-253544</b>	Date Filed <b>12/18/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Whitestone Group, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 100 Bureau Dr., Gaithersburg, MD 20899
---	--

<b>3a. Employer Representative - Name and Title</b> Leff LaRe, VP	<b>3b. Address (if same as 2b - state same)</b> 6422 E Main St, Suite 100, Reynoldsburg, OH 43068
--	--

<b>3c. Tel. No.</b> 614-269-1078	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jlare@whitestonegroup.us
-------------------------------------	---------------------	--------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> SECURITY AGENCY	<b>4b. Principal product or service</b> SECURITY	<b>5a. City and State where unit is located:</b> Gaithersburg, MD
---	---	--

<b>6a. Description of Unit Involved</b> <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, PSO'S, CONSOLE OPERATORS AND DISPATCHERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY WHITESTONE GROUP, INC @ 100 BUREAU DR., GAITHERSBURG, MD 20899 <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	<b>6a. No. of Employees in Unit:</b> 40 <b>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"/></b>
--	---

**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).** **NO**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> uspoa	<b>8b. Address</b> 5620 St. Barnabus Rd., Suite 314, Oxon Hill, MD 20745
---	---

<b>8c. Tel No.</b> 301-377-9860	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
------------------------------------	---------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 9/30/22
--------------------------------	---	---

**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

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**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

<b>11b. Election Date(s):</b> 1/23/20	<b>11c. Election Time(s):</b> 5:00-7:30 am & 1:00-3:00 pm	<b>11d. Election Location(s):</b> Break Room
--	--	---

<b>12a. Full Name of Petitioner (including local name and number)</b> International Union, Security, Police and Fire Professionals of America (SPFPA)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 25510 Kelly Road, Roseville, MI 48066
--	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

<b>12d. Tel No.</b> 586-772-7250 X111	<b>12e. Cell No.</b> 586-872-5634	<b>12f. Fax No.</b> 586-772-9644	<b>12g. E-Mail Address</b> organize@spfpa.org
--	--------------------------------------	-------------------------------------	--

<b>13a. Name and Title</b> Gordon Gregory, General Counsel	<b>13b. Address (street and number, city, state, and ZIP code)</b> 65 Cadillac Square, Suite 3727, Detroit, MI 48226
---	---

<b>13c. Tel No.</b> 313-964-5600	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 313-964-2125	<b>13f. E-Mail Address</b> Gordon@UnionLaw.net
-------------------------------------	----------------------	-------------------------------------	---

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

<b>Name (Print)</b> Dwayne Phillips	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 12/17/19
--	----------------------	-------------------------------------	-------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 48, 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.