

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>05-RC-254048</b>	Date Filed <b>1/3/2020</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 SecTek, Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1930 Isaac Newton Square, Suite 100 VA Reston 20190	
3a. Employer Representative - Name and Title Leslie M Howard-Watts		3b. Address (If same as 2b - state same)	
3c. Tel. No. (703) 435-0970	3d. Cell No. (571) 234-4660	3e. Fax No. (703) 834-0124	3f. E-Mail Address lhoward-watts@sectek.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Security	5a. City and State where unit is located: Alexandria, VA

6b. Description of Unit Involved		6a. No. of Employees in Unit: 121
Included: 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"/>
Excluded: See Attached Page 2 for additional details		

**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). International Union Security, Police and Fire Professional Roman Gumul		8b. Address 25510 Kelly Road MI Roseville 48066	
8c. Tel No. (586) 772-7250	8d Cell No. (586) 335-7669	8e. Fax No. (586) 772-9644	8f. E-Mail Address roman@spfa.org
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 01/01/2020

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): 01/30/2019	11c. Election Time(s): 08:30	11d. Election Location(s): Sites
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12a. Full Name of Petitioner (including local name and number) Stanley E. Hutchins Union Rights for Security Officer (URSO)	12b. Address (street and number, city, state, and ZIP code) 5166 7th Street, NE D.C. Washington 20011
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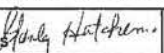
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Union Rights for Security Officer (URSO)

12d. Tel No. (301) 306-0060	12e. Cell No. (301) 306-0060	12f. Fax No. (301) 505-3656	12g. E-Mail Address stanhutch1228@yahoo.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 Veary Kin President Veary Enterprises		13b. Address (street and number, city, state, and ZIP code) 12603 Startford Garden Drive MD Silver Spring 20904	
13c. Tel No. (240) 882-9198	13d. Cell No.	13e. Fax No.	13f. E-Mail Address veary@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 Stanley E. Hutchins 	Title President	Date 01/2/2020 11:51:54
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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.

**DO NOT WRITE IN THIS SPACE**

Case  
05-RC-254048

Date Filed  
1/3/2020

Attachment

**Employees Included**

All full-time and regular part-time security officers employed by the Employer at the following locations: 207 South Houston Street, Dallas, T, Bryon Roger Federal Building, 1961 Stout Street, Denver, CO, 300 River Place, Detroit, MI, 200 East Santa Clara Street, San Jose, CA 600 Dulany Street, Alexandria, VA 2800 South Randolph Street, Arlington, VA

**Employees Excluded**

All officer clerical employees, professional employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-254361	Date Filed 1-8-2020

**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.

2a. Name of Employer: Pepsico	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 17200 Warwick Drive Newport News, VA 23603
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3a. Employer Representative - Name and Title: Steven Marshall	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 757-888-9241	3d. Cell No. 757-256-9636	3e. Fax No.	3f. E-Mail Address Steven.Marshall13@pepsico.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) soft drink distribution	4b. Principal Product or Service Pepsi products	5a. City and State where unit is located: Newport News, VA
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5b. Description of Unit Involved: Included: All GEO drivers, Full Service Drivers, and Relief Drivers Excluded: All office clericals, sales representatives, guards and supervisors as defined in the Act	6a. Number of Employees in Unit: 23	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) NA 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:
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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): January 28, 2020	11c. Election Time(s): 3:00 a.m. to 6:00 a.m.	11d. Election Location(s): Lunch room
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 822	12b. Address (street and number, city, State and ZIP code): 5718 Barte Street Norfolk, VA 23502
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Brotherhood of Teamsters

12d. Tel. No. 757-461-7172	12e. Cell No. 757-821-1121	12f. Fax No. 757-459-2570	12g. E-Mail Address teamsters822@gmail.com
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13a. Name and Title: Jonathan Axelrod	13b. Address (street and number, city, State and ZIP code): 1717 K Street NW Suite 1120 Washington, DC 20006
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13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.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) Jonathan Axelrod	Signature 	Title attorney	Date 1/8/2020
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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 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>5-RC-254999</b>	Date Filed <b>1/22/20</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> American Security Programs	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1881 Campus Commons Drive, Suite 10 VA region 20191-
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<b>3a. Employer Representative - Name and Title</b> Mark Phinney	<b>3b. Address (If same as 2b - state same)</b> 395 & 375 E Street SW DC dc
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<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
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services	<b>4b. Principal product or service</b> Security Services	<b>5a. City and State where unit is located:</b> Washington, DC
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<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> 45	<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>
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**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Union of Patriots Plaza Croppers	<b>8b. Address</b> 8519 Rebecca Laura Court MD Pikesville 21208-
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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>
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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)

<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
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<b>11b. Election Date(s):</b> 02/17/2020	<b>11c. Election Time(s):</b> 07:30 am	<b>11d. Election Location(s):</b> Sites
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<b>12a. Full Name of Petitioner (including local name and number)</b> Stanley E Hutchins Union Rights For Security Officers	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5166 7th Street, NE WA dc 20011-
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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)

<b>12d. Tel No.</b> (202) 506-0060	<b>12e. Cell No.</b> (202) 506-0060	<b>12f. Fax No.</b> (301) 505-3656	<b>12g. E-Mail Address</b> stanhutch1228@yahoo.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Veary Kin President Veary Enterprises	<b>13b. Address (street and number, city, state, and ZIP code)</b> 12603 Stratford Garden Drive MD Silver Spring 20904-
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<b>13c. Tel No.</b> (240) 882-9198	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> veary@vearyenterprises.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.**

<b>Name (Print)</b> Stanley E Hutchins	<b>Signature</b> Stanley E Hutchins	<b>Title</b> President	<b>Date</b> 01/17/2020 10:40:22
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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.

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All full-time and part-time and armed and unarmed security officers and reserve officers performing duties as defined in section 9(B)(3) of the NLRBA, employed by American Security at Patriots Plaza 1 and 2 in Washington, DC

**Employees Excluded**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-255382	Date Filed 1/29/20

**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> S & T Commercial Plumbing	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> P.O. Box 10, 52 N. Court Street, Windsor, VA 23487
<b>3a. Employer Representative - Name and Title:</b> Steven L. Turner	<b>3b. Address (if same as 2b - state same):</b> Same

<b>3c. Tel. No.</b> 757-242-6768	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> steveturner@gmail.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Plumbing contractor	<b>4b. Principal Product or Service</b> Commercial plumbing	<b>5a. City and State where unit is located:</b> Windsor, VA
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<b>5b. Description of Unit Involved:</b> Included: See Attachment Excluded: See Attachment	<b>6a. Number of Employees in Unit:</b> 7	<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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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>
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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

<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  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> February 14, 2020	<b>11c. Election Time(s):</b> Pre-Shift	<b>11d. Election Location(s):</b> Employer's facility
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<b>12a. Full Name of Petitioner (including local name and number):</b> Plumbers and Pipefitters Local 110	<b>12b. Address (street and number, city, State and ZIP code):</b> 520 Naval Base Road, Norfolk, VA 23505
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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):**  
United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the U.S. and Canada

<b>12d. Tel. No.</b> 757-587-4768	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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<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> Diana R. Cohn	<b>13b. Address (street and number, city, State and ZIP code):</b> O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Avenue, NW, Suite 800 Washington, D.C. 20015		

<b>13c. Tel. No.</b> 202-362-0041	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> dcohn@odonoghuelaw.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.

<b>Name (Print)</b> Diana R. Cohn	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 01/29/20
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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 may cause the NLRB to decline to invoke its processes.

## ATTACHMENT

**Included:** All full-time and regular part time journeymen plumbers, apprentice plumbers, and helpers employed by the Employer at its 52 N. Court Street, Windsor, Virginia facility;

**Excluded:** All other employees, office clerical employees, professional employees, guards, and supervisors as defined by the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RM-255189</b>	Date Filed <b>1/24/20</b>

**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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.**

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner**  
Rothe Enterprises

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
Wallops Flight Facility, Building F-160 Room C-130, Wallops Island, VA 23337

**3a. Employer/Petitioner Representative – Name and Title**  
Robert D. Kilgore, Attorney

**3b. Address (if same as 2b – state same)**  
745 E. Mulberry Ave., Suite 500, San Antonio, TX 78212

**3c. Tel. No.** **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

210-785-6868 210-422-3668 210-733-5538 rkilgore@gardnertx.com

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

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

**5a. Description of Unit Involved**

**Included:** full time and regular part time calibration technicians

**Excluded:** all others, including professionals, office clericals, guard and supervisors

**5b. City and State where unit is located:**  
Wallops Island, VA

**6. No. of Employees in Unit:**  
4

*Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable*

**7a.**  A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_.

**7b.**  The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

**8a. Recognized or Certified Bargaining Agent - Name**  
IAMAW District Lodge #74

**8b. Affiliation, if any**  
AFL-CIO

**8c. Address**  
5307 E. Virginia Beach Blvd., Norfolk, VA 23502-3417

**8d. Tel. No.** **8e. Cell No.**  
757-513-8599

**8f. Fax No.** **8g. E-Mail Address**  
lbattledistrict74@gmail.com

**9. Date of Recognition or Certification**  
March 29, 1974 (Case No. 5-RC-8827)

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
12/31/2019

**11. 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) \_\_\_\_\_.

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**

**12a. Name and affiliation if any**  
None

**12b. Address**

**12c. Tel. No.** **12d. Cell No.**

**12e. Fax No.** **12f. E-Mail Address**

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

**13a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**13b. Election Date(s):**  
FRIDAY

**13c. Election Time(s):**  
7-7:30 am

**13d. Election Location(s):**  
Wallops Flight Facility, Building F-160, Room C-130, Wallops Island, VA

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

**14a. Name and Title**  
Robert D. Kilgore, Attorney

**14b. Address (street and number, city, state, and ZIP code)**  
745 E. Mulberry Ave., Suite 500, San Antonio, TX 78212

**14c. Tel. No.** **14d. Cell No.** **14e. Fax No.** **14f. E-Mail Address**

210-785-6868 210-422-3668 210-733-5538 rkilgore@gardnertx.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)** **Signature** **Title** **Date**

Robert D. Kilgore *Robert D. Kilgore* Attorney 1/24/2020

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  
**RM PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RM-255505</b>	Date Filed <b>1/31/20</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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner</b> Rothe Enterprises	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Wallops Flight Facility, Building F-160 Room C-130, Wallops Island, VA 23337
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<b>3a. Employer/Petitioner Representative – Name and Title</b> Robert D. Kilgore, Attorney	<b>3b. Address (if same as 2b – state same)</b> 745 E. Mulberry Ave., Suite 500, San Antonio, Texas 78212
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<b>3c. Tel. No.</b> (210) 785-6868	<b>3d. Cell No.</b> (210) 422-3668	<b>3e. Fax No.</b> (210) 733-5538	<b>3f. E-Mail Address</b> rkilgore@gardnertx.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Laboratory	<b>4b. Principal product or service</b> Calibration
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<b>5a. Description of Unit Involved</b> <b>Included:</b> full time and regular part time calibration technicians <b>Excluded:</b> all others, including professionals, office clericals, guard and supervisors	<b>5b. City and State where unit is located:</b> Wallops Island, VA <b>6. No. of Employees in Unit:</b> 3
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Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a.  A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_.

7b.  The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Recognized or Certified Bargaining Agent - Name</b> IAMAW District Lodge #74	<b>8b. Affiliation, if any</b> AFL-CIO
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<b>8c. Address</b> 5307 E. Virginia Beach Blvd., Norfolk, VA 23502-3417	<b>8d. Tel. No.</b> (757) 513-8599	<b>8e. Cell No.</b> (757) 513-8599
	<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b> lbattledistrict74@gmail.com

<b>9. Date of Recognition or Certification</b> March 29, 1974 (Case No. 5-RC-8827)	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12/31/2019
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11. 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) \_\_\_\_\_.

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

<b>12a. Name and affiliation if any</b> None	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

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

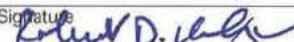
<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>13b. Election Date(s):</b> Friday	<b>13c. Election Time(s):</b> 2 - 7:30AM	<b>13d. Election Location(s):</b> Wallops Flight Facility, Building F-160, Room C-130, Wallops Island, VA
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14. **Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title</b> Robert D. Kilgore, Attorney	<b>14b. Address (street and number, city, state, and ZIP code)</b> 745 E. Mulberry Ave., Suite 500, San Antonio, Texas 78212
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<b>14c. Tel. No.</b> (210) 785-6868	<b>14d. Cell No.</b> (210) 422-3668	<b>14e. Fax No.</b> (210) 733-5538	<b>14f. E-Mail Address</b> rkilgore@gardnertx.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.

<b>Name (Print)</b> Robert D. Kilgore	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> January 31, 2020
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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.