

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-228319	Date Filed 10/1/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Red Classic	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7210 Preston Gateway Dr MD Hanover 21076-7401
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3a. Employer Representative - Name and Title Salis Becknell	3b. Address (if same as 2b - state same) 7210 Preston Gateway Dr MD Hanover 21076-7401
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3c. Tel. No. (410) 684-8597	3d. Cell No. (240) 393-7835	3e. Fax No.	3f. E-Mail Address Salis.becknell@redclassic.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking	4b. Principal product or service Truck Mechanics	5a. City and State where unit is located: Hanover, MD
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 11	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"/>
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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.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	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)

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): 9/17/18 or earliest available date	11c. Election Time(s): 12:00pm-2:00pm	11d. Election Location(s): secure location at the company location
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12a. Full Name of Petitioner (including local name and number) Edwin Allen Mulford III Edwin Allen Mulford III	12b. Address (street and number, city, state, and ZIP code) 1030 S Dukeland St MD Baltimore 21223-3381
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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 Union

12d. Tel No. (410) 566-5700	12e. Cell No. (443) 889-4631	12f. Fax No. (410) 566-1485	12g. E-Mail Address emulford@teamsters355.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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Edwin Allen Mulford III	Signature Edwin A. Mulford III	Title Organizer	Date 09/28/2018 16:25:01
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
Truck Mechanics

Employees Excluded
all warehouse, clerical, supervisors and managers as defined by the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-228322	Date Filed 10-01-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
North American Security Triple Canopy

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
3300 75th Ave Landover MD 30785

3a. Employer Representative - Name and Title
Mark B Freeman / Nicole Radford

3b. Address (if same as 2b - state same)
560 E Carson Plaza Dr. Suite 222 Carson CA 90745 / 2016 Sunrise Valley Drive, Suite 140 Reston VA 20191

3c. Tel. No. NA **3d. Cell No.** NA /240-640-9396 **3e. Fax No.** NA **3f. E-Mail Address** mark.freeman@dodis.mil / texasstgpic20@yahoo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government (DIA) **4b. Principal product or service** Security **5a. City and State where unit is located:** Landover MD

5b. Description of Unit Involved
Included: all fulltime and part time armed and unarmed security officers employed by the employer
Excluded: clerical, managerial, salaried, and supervisory personnel 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) NA and Employer declined recognition on or about NA (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). SECURITY, POLICE, AND FIRE PROFESSIONALS OF AMERICA **8b. Address** 25510 KELLY RD ROSEVILLE MI 48066

8c. Tel. No. (688) 772-7250 **8d. Cell No.** NA **8e. Fax No.** 586-772-9644 **8f. E-Mail Address** spfpapres@spfpa.org

8g. Affiliation, if any SPFPA INTERNATIONAL UNION **8h. Date of Recognition or Certification** NA **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 09/29/18

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA (Name of labor organization) NA has picketed the Employer since (Month, Day, Year) NA

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) NA

10a. Name NA **10b. Address** NA **10c. Tel. No.** NA **10d. Cell No.** NA **10e. Fax No.** NA **10f. E-Mail Address** NA

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): first available **11c. Election Time(s):** 05:30-0800, 13:30-1600, 1900-1900 **11d. Election Location(s):** work site, or a location near work site

12a. Full Name of Petitioner (including local name and number) United Government Security Officers of America and its Local 286 **12b. Address (street and number, city, state, and ZIP code)** 2879 Cranberry Highway East Wareham, MA 02538

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Government Security Officers of America International Union


12d. Tel No. 617-820-7225 **12e. Cell No.** 617-820-7225 **12f. Fax No.** NA **12g. E-Mail Address** Mleblanc@ugsoa.com

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

13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union **13b. Address (street and number, city, state, and ZIP code)** 2879 Cranberry Highway East Wareham, MA 02538

13c. Tel No. 617-820-7225 **13d. Cell No.** 617-820-7225 **13e. Fax No.** NA **13f. E-Mail Address** Mleblanc@ugsoa.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) Mike LeBlanc **Signature**  **Title** DHS Vice President UGSOA International Union **Date** 10/1/18

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. 05-RC-228492	Date Filed 10-02-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer SecTek, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 732 N Capitol Street, NW 8th Floor, Washington, DC	
3a. Employer Representative - Name and Title Douglas Daniels, Director of Operations		3b. Address (If same as 2b - state same) 1930 Isaac Newton Square, Suite 100, Reston, VA 20190	
3c. Tel. No. 703-435-0970	3d. Cell No.	3e. Fax No. 703-738-2020	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY		4b. Principal product or service SECURITY	
			5a. City and State where unit is located: Washington, DC

6b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, SPECIAL POLICE OFFICERS AND SERGEANTS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SEC TEK, INC. @ GOVERNMENT PRINTING OFFICE (GPO) LOCATED 732 NORTH CAPITOL STREET, NW, WASHINGTON, DC. Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.		6a. No. of Employees in Unit: 52
		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). **NONE**
 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 5620 St. Barnabas Rd, Suite 314, Oxon Hill, MD 20745	
8c. Tel. No. 202-277-0926	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) NO CONTRACT

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.

11b. Election Date(s): 10/22/18	11c. Election Time(s): 5-7 am & 1-3 pm	11d. Election Location(s): Breakroom
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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
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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 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
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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 Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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13c. Tel. No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
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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) David L. Hickey	Signature 	Title International President	Date 10/1/18
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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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-22 8527	Date Filed 10-03-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Brock Services, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11615 Crossroads Circle, Suite E, White Marsh, MD 21220
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3a. Employer Representative - Name and Title: Michael Bauguess, Operations Manager	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 443-228-1030	3d. Cell No. 717-940-5927	3e. Fax No.	3f. E-Mail Address mike.bauguess@brockgroup.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) construction	4b. Principal Product or Service mechanical insulation	5a. City and State where unit is located: White Marsh, MD
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5b. Description of Unit Involved: Included: All mechanical insulators Excluded: Scaffolding, painting, abatement and carpenter employees and all supervisors as defined in the Act.	6a. Number of Employees in Unit: 10
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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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) n/a and Employer declined recognition on or about (Date) n/a (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) n/a	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 and election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 10/24/2018	11c. Election Time(s): 2:00 - 4:00 p.m.	11d. Election Location(s): White Marsh Library
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12a. Full Name of Petitioner (including local name and number): International Association of Heat & Frost Insulators & Allied Workers, Local 24	12b. Address (street and number, city, State and ZIP code): 901 Montgomery Street, Laurel, MD 20707
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Association of Heat & Frost Insulators & Allied Workers

12d. Tel. No. 301-725-2400	12e. Cell No. 301-467-1169	12f. Fax No. 301-725-0804	12g. E-Mail Address mike.moneymaker@insulators24.org
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13a. Name and Title: Michael R. Moneymaker, Business Agent & Organizer	13b. Address (street and number, city, State and ZIP code): 901 Montgomery Street, Laurel, MD 20707
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13c. Tel. No. 301-725-2400	13d. Cell No. 301-467-1169	13e. Fax No. 301-725-0804	13f. E-Mail Address mike.moneymaker@insulators24.org
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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) Michael R. Moneymaker	Signature 	Title Business Agent & Organizer	Date 10/3/2018
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
5-RC-229341

Date Filed
10/16/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Hands-On, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
11820 Parklawn Dr Ste 520
MD Rockville 20852-2546

3a. Employer Representative - Name and Title
Crickett Thomas-O'Dell

3b. Address (If same as 2b - state same)
451 N. Hungerford Dr Ste 119-344
MD Rockville 20850-5148

3c. Tel. No.
(301) 990-9765

3d. Cell No.
(518) 506-7920

3e. Fax No.
(301) 618-0408

3f. E-Mail Address
Crickett.O'Dell@handson-llc.net

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

4b. Principal product or service
Bus/fleet servicing and cleaning

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

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
98

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) 08/27/2018 and Employer declined recognition on or about 08/31/2018 (Date) (If no reply received, so state). Yes

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
November 7th, 8th or 9th

11c. Election Time(s):
8am-1pm, 2-6:30pm, 7-9pm

11d. Election Location(s):
Teamsters Local Union 922 Hall, in DC

12a. Full Name of Petitioner (including local name and number)
Major Muhammad
Teamsters Local Union 922

12b. Address (street and number, city, state, and ZIP code)
2120 Bladensburg Rd NE Ste 102
DC Washington 20018-1494

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.
(202) 526-9250

12e. Cell No.

12f. Fax No.
(202) 526-9253

12g. E-Mail Address
teamsters922@gmail.com

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

13a. Name and Title
Johnnice Earle Business Agent
Teamsters L.U. 922

13b. Address (street and number, city, state, and ZIP code)
2120 Bladensburg Rd NE Ste 102
DC Washington 20018-1494

13c. Tel No.
(202) 526-9250

13d. Cell No.
(202) 883-0196

13e. Fax No.
(202) 526-9253

13f. E-Mail Address
ejohnnice@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)
Major Muhammad

Signature
Major Muhammad

Title
Secretary-Treasurer

Date
10/12/2018 11:25:08

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

They have work units in DC, MD, and VA. All bus cleaners, QAS's, and supervisors from the DC, Maryland, and Virginia work sites.

Employees Excluded

All rail cleaners and supervisors from the DC, Maryland, and Virginia work sites.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-229541	Date Filed 10/19/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer VOR Technology	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7050 Hi Tech Drive, Suite 101, Hanover, MD 21076
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3a. Employer Representative - Name and Title Anthony Lawrence, CEO	3b. Address (If same as 2b - state same) Same
--	---

3c. Tel. No. 443-864-5006	3d. Cell No. Unknown	3e. Fax No. 443-917-6157; 443-554-2309	3f. E-Mail Address alawrence@vor-tech.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Pass Offices, Service Contract	4b. Principal product or service Security Pass Office	5a. City and State where unit is located: Aberdeen, MD
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5b. Description of Unit Involved Included: All Security Technicians I, II, and III Excluded: Office clerical employees, professional employees, guards and supervisors as defined in the Act	6a. No. of Employees in Unit: 16	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"/>
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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. *Petitioner Serves as Demand*

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): November 12, 2018	11c. Election Time(s): 10:00 A.M. - 12:00 P.M.	11d. Election Location(s): Breakroom of Building 324
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 4	12b. Address (street and number, city, state, and ZIP code) 2600 Cabover Drive, Suite N, Hanover, MD 21076
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. (410) 487-6919	12e. Cell No. (443) 257-0600	12f. Fax No. (410) 487-6930	12g. E-Mail Address brjcompher@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 Nicholas A. Scotto, Special Rep.	13b. Address (street and number, city, state, and ZIP code) 26 Court St, Suite 1710, Brooklyn, NY 11242
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13c. Tel No. (646) 926-2910	13d. Cell No. (631) 219-4116	13e. Fax No. (646) 902-5720	13f. E-Mail Address nscotto@iamaw.org
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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) Nicholas A. Scotto	Signature 	Title Special Representative	Date October 19, 2018
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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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-229751	Date Filed 10/23/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Melwood Horticultural Training Center Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 950 H st NW, Washington DC
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3a. Employer Representative - Name and Title: Cari Desantis	3b. Address (if same as 2b - state same): 5604 Dower House Rd, Upper Marlboro, MD 20772
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3c. Tel. No. 301.599.8000	3d. Cell No.	3e. Fax No. 301.599.0180	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Building	4b. Principal Product or Service Cleaning services	5a. City and State where unit is located: Washington DC
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5b. Description of Unit Involved: Included: Full- and regular part-time cleaners, floor techs, lead and utility workers Excluded: office clericals, managers, guards and supervisors	6a. Number of Employees in Unit: 18	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) _____ 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? 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Nov. 16, 2018	11c. Election Time(s): 11:30 am to 12:30 pm	11d. Election Location(s): Break room
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12a. Full Name of Petitioner (including local name and number): Public Service Employees Local Union 572	12b. Address (street and number, city, State and ZIP code): 5627 Allentown Rd., Ste. 206, Camp Springs, MD 20746
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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):
Laborers' International Union of North America

12d. Tel. No. 301-316-4888	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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: Brian Petruska, Counsel	13b. Address (street and number, city, State and ZIP code): 11951 Freedom Dr. Rm. 310, Reston, Virginia 20190		

13c. Tel. No. 703-860-4194	13d. Cell No.	13e. Fax No. 703-860-1865	13f. E-Mail Address bpetruska@maliuna.org
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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) Brian Petruska	Signature 	Title Counsel	Date 10/23/18
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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

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 5-RC-229952 Date Filed 10/26/18

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.

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.

2a. Name of Employer ITS ConGlobal 2b. Address(es) of Establishment(s) involved 806 Meads Court, Chesapeake, Virginia 23323

3a. Employer Representative - Name and Title Anthony Lee - Terminal Manager 3b. Address (If same as 2b - state same) same as above

3c. Tel. No. 757-487-5100 3d. Cell No. 3e. Fax No. 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Container and Chassis Maintenance 4b. Principal product or service Repairs 5a. City and State where unit is located: Chesapeake, Virginia, 23323

5b. Description of Unit Involved Included: All Container and Chassis Repair Employees Excluded: All office, clerical, watchmen, guards, professional employees and supervisors as defined by the act 6a. No. of Employees in Unit: 17 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No []

Check One: YES [X] 7a. Request for recognition as Bargaining Representative was made on (Date) October 3, 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? N/A If so, approximately how many employees are participating? N/A (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): 11c. Election Time(s): 11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number) ILA Local 1970 12b. Address (street and number, city, state, and ZIP code)

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

12d. Tel. No. same as below 12e. Cell No. same as below 12f. Fax No. 12g. E-Mail Address same as below

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

13a. Name and Title Kevin Basnight, President, ILA Local 1970 13b. Address (street and number, city, state, and ZIP code) 3300 East Princess Anne Road, Norfolk, VA 23502

13c. Tel. No. 757-852-9304 13d. Cell No. 757-348-3857 13e. Fax No. 13f. E-Mail Address kevbasnigh@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) Kevin Basnight Signature Title President, ILA Local 1970 Date 10/03/2018

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-230029	Date Filed 10/29/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Omniplex World Services Corporation	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Gemini Contract in Herndon, VA
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3a. Employer Representative - Name and Title Mike Goodwin - Director Labor Relations	3b. Address (if same as 2b - state same) 14151 Park Meadow Drive, Suite 300 Chantilly, VA 20151
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3c. Tel. No. 561-406-7971	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mike.goodwin@constellis.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY	4b. Principal product or service SECURITY	5a. City and State where unit is located: Herndon, VA
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5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS AND ACCESS CONTROL OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY OMNIPLEX WORLD SERVICES CORPORATION @ THE GEMINI CONTRACT IN HERNDON, VA Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	6a. No. of Employees in Unit: 30	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"/>
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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).
 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). 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 11/15/18	11c. Election Time(s): MAIL	11d. Election Location(s): MAIL
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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)

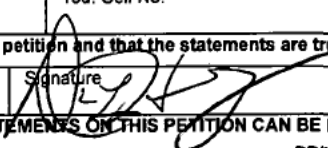
12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
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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) David L. Hickey	Signature 	Title International President	Date 10/24/18
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-230097	Date Filed 10/29/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Transit Management of Alexandria, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3000 Center Business Center Dr VA Alexandria 22314-5205
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3a. Employer Representative - Name and Title Josh Baker	3b. Address (If same as 2b - state same) 3000 Center Business Center Dr VA Alexandria 22314-5205
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3c. Tel. No. (703) 746-5600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address josh.baker@alexandria.gov
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Transit Service	5a. City and State where unit is located: Alexandria, VA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 123	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"/>
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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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): November 15, 2018	11c. Election Time(s): 4:30 a.m. to 7:00 a.m., 11:00 a.m to 2:00 p.m., 6:00	11d. Election Location(s): Training Room
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12a. Full Name of Petitioner (including local name and number) Daniel B. Smith Amalgamated Transit Union	12b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790
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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)
Amalgamated Transit Union

12d. Tel No. (301) 431-7100	12e. Cell No. (202) 714-4219	12f. Fax No.	12g. E-Mail Address dsmith@atu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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.	13f. E-Mail Address dsmith@atu.org
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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) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 10/29/2018 12:15:36
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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

DO NOT WRITE IN THIS SPACE	
Case 5-RC-230097	Date Filed 10/29/18

Employees Included

All full-time and regular part-time operators employed by the Employer at its Alexandria, VA facility.

Employees Excluded

All other employees, mechanics, dispatchers, office clerical employees, managers, guards, 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.
5-RC-230201

Date Filed
10/31/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Melwood Horticultural Training Center, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 950 H St NW, Washington DC	
3a. Employer Representative - Name and Title: Cari Desantis		3b. Address (if same as 2b - state same): 5604 Dower House Rd, Upper Marlboro, MD 20772	

3c. Tel. No. 301.599.8000	3d. Cell No.	3e. Fax No. 301.599.0180	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Building	4b. Principal Product or Service Cleaning Service	5a. City and State where unit is located: Washington DC
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5b. Description of Unit Involved: Included: Full- and regular part-time cleaners, floor techs, lead and utility workers, and clerks Excluded: Managers, guards, and supervisors		6a. Number of Employees in Unit: 18	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) _____ 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? 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:	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): November 30, 2018	11c. Election Time(s): 11:30 a.m. to 12:30 pm	11d. Election Location(s): Break room
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12a. Full Name of Petitioner (including local name and number): Public Service Employees Local Union 572	12b. Address (street and number, city, State and ZIP code): 5627 Allentown Rd., Ste. 206, Camp Springs, MD 20746
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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):
Laborers' International Union of North America

12d. Tel. No. 301.316.4888	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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: Brian Petruska, Counsel	13b. Address (street and number, city, State and ZIP code): 11951 Freedom Drive., Rm. 310, Reston, VA 20190
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13c. Tel. No. 703-860-4194	13d. Cell No.	13e. Fax No. 703-860-1865	13f. E-Mail Address bpetruska@maliuma.org
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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) Brian Petruska	Signature 	Title Counsel	Date 10/31/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RM-228326	Date Filed 10/1/18

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
ABC Supply Co. inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2608 Keyway Drive, York, PA 19355

3a. Employer/Petitioner Representative – Name and Title
Steve Billet

3b. Address (If same as 2b – state same)
same

3c. Tel. No. (717) 741-4644 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

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

4b. Principal product or service
Roofing, siding, windows and other building materials

5a. Description of Unit Involved

Included: Delivery Drivers I and II, Other Drivers, Warehouse Material Handlers, Warehouse Foremen

Excluded: All others

5b. City and State where unit is located:
York, PA

6. No. of Employees in Unit:
10

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
Local 542 - International Union of Operating Engineers (Michael Grant, Business Agent)

8b. Affiliation, if any
IUOE

8c. Address
1375 Virginia Drive, Suite 100, Ft. Washington, PA 19034

8d. Tel. No. (215) 542-7500 **8e. Cell No.**

8f. Fax No. (610) 542-7557 **8g. E-Mail Address** mag542@icloud.com

9. Date of Recognition or Certification
Unknown

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
Current Contract expires 11/30/2018

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 **12b. Address** **12c. Tel. No.** **12d. Cell No.**
N/A N/A

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): October

13c. Election Time(s): 6:00am to 7:30am

13d. Election Location(s): Break Room

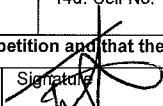
14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title
Timothy C. Kamin, Attorney, Ogletree Deakins

14b. Address (street and number, city, state, and ZIP code)
1243 N. 10th Street, Suite 200, Milwaukee, WI 53205

14c. Tel. No. (414) 239-6403 **14d. Cell No.** **14e. Fax No.** (414) 755-8289 **14f. E-Mail Address** timothy.kamin@ogletree.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) Timothy Kamin **Signature**  **Title** Attorney **Date** 9/28/2018

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

PRIVACY ACT STATEMENT

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