

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-249284</b>	Date Filed <b>10/2/19</b>

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

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

<b>2a. Name of Employer</b> Hana Industries	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 401 F St. NW, Washington, DC 20001
--	--

<b>3a. Employer Representative - Name and Title</b> Brad Cooper - CEO	<b>3b. Address (If same as 2b - state same)</b> 485 Devon Park Dr., Suite 109, Wayne, PA 19087
--	---

<b>3c. Tel. No.</b> 610-225-2626	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> bcooper@thehanagroup.com
-------------------------------------	---------------------	--------------------	---

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

<b>5b. Description of Unit Involved</b> <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED PROTECTIVE SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY HANA INDUSTRIES @ 401 F ST. NW., WASHINGTON, DC 20001 <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	<b>6a. No. of Employees in Unit:</b> 30 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **NO**  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> National Association of Special Police and Security Officers - NASPO	<b>8b. Address</b> 840 First St NE, Washington, DC 20002
--	---

<b>8c. Tel No.</b> 202-487-3438	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 202-758-3262	<b>8f. E-Mail Address</b> frasergaby@aol.com
------------------------------------	---------------------	------------------------------------	---

<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> unknown
--------------------------------	---	---

**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.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> 10/24/19	<b>11c. Election Time(s):</b> 5:00 - 7:00 am & 1:00 - 3:00 pm	<b>11d. Election Location(s):</b> Conference Room
--	---	--	--

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

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

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

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

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

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

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

<b>Name (Print)</b> Dwayne Phillips	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 10/1/19
--	----------------------	-------------------------------------	------------------------

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

**PRIVACY ACT STATEMENT**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-249644</b>	Date Filed <b>10/9/19</b>

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

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

<b>2a. Name of Employer</b> My City Transportation	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4201 Patterson Avenue MD Baltimore 21215-
---	--

<b>3a. Employer Representative - Name and Title</b> JD Hollingsworth	<b>3b. Address (If same as 2b - state same)</b> 4201 Patterson Avenue MD Baltimore 21215-
---	---

<b>3c. Tel. No.</b> (410) 335-0650	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Maryland@mycitytransportation.com
---------------------------------------	---------------------	--------------------	--

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

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 40
<b>Excluded:</b> See Attached Page 2 for additional details	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>

**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

<b>11b. Election Date(s):</b> October 29, 2019	<b>11c. Election Time(s):</b> 10:00 a.m. to 9:00 p.m.	<b>11d. Election Location(s):</b> Break Room
---	--	---

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

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

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

<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> Daniel B. Smith AMALGAMATED TRANSIT UNION	<b>13b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave MD Silver Spring 20903-1790

<b>13c. Tel No.</b> (301) 431-7100	<b>13d. Cell No.</b> (202) 714-4219	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> dsmith@atu.org
---------------------------------------	--	---------------------	--

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

<b>Name (Print)</b> Daniel B. Smith	<b>Signature</b> Daniel B. Smith	<b>Title</b>	<b>Date</b> 10/9/2019 07:34:48
--	-------------------------------------	--------------	-----------------------------------

**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 <b>5-RC-249644</b>	Date Filed <b>10/9/19</b>

**Employees Included**

All full-time and regular part-time dispatchers and schedulers working for the Employer at its facility currently located at 4201 Patterson Avenue in Baltimore, Maryland.

**Employees Excluded**

All other employees, and guards, professional employees and supervisors as defined in the Act.

Case No.  
5-RC-249974

Date Filed  
10/16/19

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

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

2a. Name of Employer:  
The Daily Progress

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
685 West Rio Road, Charlottesville, VA 22901

3a. Employer Representative - Name and Title:  
Peter Yates, Publisher

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

3c. Tel. No.  
434-978-7203

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
pyates@dailyprogress.com

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

4b. Principal Product or Service  
news and related information

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

5b. Description of Unit Involved:  
Included:  
All full- and regular part-time news department employees

6a. Number of Employees in Unit:  
17

Excluded:  
managerial employees, guards and supervisors as defined by the Act

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?  Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 10/14/19 and Employer declined recognition on or about (Date) (If no reply received, so state).

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No  If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year)

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):  
October 30, 2019

11c. Election Time(s):  
2:30pm - 4:30pm

11d. Election Location(s):  
Break room

12a. Full Name of Petitioner (including local name and number):  
Washington-Baltimore Newspaper Guild, Local 32035

12b. Address (street and number, city, State and ZIP code):  
1225 Eye Street NW, Suite 300, Washington, DC 20005

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

12d. Tel. No.  
202-785-3650 x13

12e. Cell No.

12f. Fax No.  
202-785-3659

12g. E-Mail Address  
preilly@wbng.org

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

13a. Name and Title:  
Robert E. Paul, Attorney

13b. Address (street and number, city, State and ZIP code):  
1025 Connecticut Ave. NW, Suite 712, Washington, DC 20036

13c. Tel. No.  
202-857-5000

13d. Cell No.  
202-374-0550

13e. Fax No.  
202-223-8417

13f. E-Mail Address  
rpaul@zwerdning.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)  
Robert E. Paul

Signature  


Title  
Attorney

Date  
10/16/19

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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **5-AC-250552** Date Filed **10/25/19**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filled 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:  
**Walden Security**

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
**2 East Rolling Road suite 159 Catonsville, MD**

3a. Employer Representative - Name and Title:  
**Mick Sharpe/ Vice President**

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

3c. Tel. No. **(410) 401-4965** 3d. Cell No. 3e. Fax No. **(423) 702-8204** 3f. E-Mail Address **baltimoreinfo@waldensecurity.com**

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

4b. Principal Product or Service  
**Security**

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

5b. Description of Unit Involved:  
Included:  
**All armed and unarmed officers and Sergeants**

8a. Number of Employees in Unit  
**216**

Excluded:  
**All Lieutenants, office personal and Project manager**

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?  Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address:

8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ if so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)  
**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): **11/12/2019** 11c. Election Time(s): **ALL DAY** 11d. Election Location(s): **NLRB Region 5**

12a. Full Name of Petitioner (including local name and number):  
**Governed United Security Professionals**

12b. Address (street and number, city, State and ZIP code):  
**5602 Baltimore National Pike suite 607 Catonsville, MD 21228**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
**Governed United Security Professionals**

12d. Tel. No. **(443) 304-2018** 12e. Cell No. **(301) 310-3349** 12f. Fax No. **(443) 304-2855** 12g. E-Mail Address **jkwgorham\_3806@yahoo.com**


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

13a. Name and Title:  
**William Gorham/ Vice President**

13b. Address (street and number, city, State and ZIP code):  
**5602 Baltimore National Pike suite 607 Catonsville, MD 21228**

13c. Tel. No. **(443) 304-2018** 13d. Cell No. **(301) 310-3349** 13e. Fax No. **(443) 304-2855** 13f. E-Mail Address **jkwgorham\_3806@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) **William Gorham** Signature  Title **Vice President** Date **10/24/19**

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-250718	Date Filed 10-28-2019

**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> Reviera Enterprises, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 7600 Penn Belt Drive Forestville MD 20747
---	---

<b>3a. Employer Representative - Name and Title:</b> David Stewart - Corporate Controller	<b>3b. Address (if same as 2b - state same):</b> same
--	--

<b>3c. Tel. No.</b> 301-420-7197 ext. 205	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (301) 420-0317	<b>3f. E-Mail Address</b> sdavid@reidrayco.com
--	---------------------	--------------------------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> water and sewer evaluation	<b>4b. Principal Product or Service</b> sewer maintenance	<b>5a. City and State where unit is located:</b> MD
--	--	--

<b>5b. Description of Unit Involved:</b> Included: All regular part-time and full time hydrovac operators, field technicians, backmen, Excluded: Office clerical employees, <i>professional drivers, CCTV operators</i> managers and supervisors and guards as defined in the Act.	<b>6a. Number of Employees in Unit:</b> 32	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

<b>11b. Election Date(s):</b> November 22, 2019	<b>11c. Election Time(s):</b> 3:00 p.m. to 5:00 p.m.	<b>11d. Election Location(s):</b> Break room
--	---	---

<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 77	<b>12b. Address (street and number, city, State and ZIP code):</b> 4546 Britannia Way Suitland MD 20746
---	---

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

<b>12d. Tel. No.</b> 301-899-6900	<b>12e. Cell No.</b> 540-287-2057	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> greg@iuoelocal77.com
--------------------------------------	--------------------------------------	---------------------	--

<b>13a. Name and Title:</b> Gregory Strotman -Business Agent	<b>13b. Address (street and number, city, State and ZIP code):</b> 4546 Britannia Way Suitland MD 20746
---	---

<b>13c. Tel. No.</b> 301-899-6900	<b>13d. Cell No.</b> 540-287-2057	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> greg@iuoelocal77.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) Gregory Strotman	Signature 	Title Business Agent	Date 10/28/19
----------------------------------	---------------	-------------------------	------------------

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



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-250930</b>	Date Filed <b>10/31/19</b>

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

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

<b>2a. Name of Employer</b> Paragon Systems	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1275 First St., NE DC Washington 20002-
--	--

<b>3a. Employer Representative - Name and Title</b>	<b>3b. Address (If same as 2b - state same)</b> 7529 Standish Pl Suite 320 MD Derwood 20855-
---	--

<b>3c. Tel. No.</b> (240) 912-7076	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (202) 318-1465	<b>3f. E-Mail Address</b>
---------------------------------------	---------------------	--------------------------------------	---------------------------

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

<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> 8	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
---	---	---

**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

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

<b>11b. Election Date(s):</b> 11/27/19	<b>11c. Election Time(s):</b> 5-8 AM, 1-4PM	<b>11d. Election Location(s):</b> TBD by Region
---	--	--

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

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

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

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

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

<b>13c. Tel No.</b> (202) 328-7222	<b>13d. Cell No.</b> (703) 966-3193	<b>13e. Fax No.</b> (202) 328-7030	<b>13f. E-Mail Address</b> jkeating@beinsaxelrod.com
---------------------------------------	--	---------------------------------------	---

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

<b>Name (Print)</b> Justin P Keating	<b>Signature</b> Justin P. Keating	<b>Title</b> Attorney for the Union	<b>Date</b> 10/30/2019 11:10:18
---	---------------------------------------	--	------------------------------------

**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.

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case <b>5-RC-250930</b>	Date Filed <b>10/31/19</b>

**Employees Included**

All Full & Part time guards employed by the Employer at the US Peace Corps facility

**Employees Excluded**

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>5-RC-250970</b>	Date Filed <b>10/31/19</b>

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

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

<b>2a. Name of Employer:</b> Triple Canopy	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 10001 New Hampshire Ave, Silver Spring, MD 20903
---	---

<b>3a. Employer Representative - Name and Title:</b> Mike Goodwin	<b>3b. Address (if same as 2b - state same):</b> 7121 Fairway Dr Suite 201 Ft Palm Beach Gardens 33418
--	--

<b>3c. Tel. No.</b> (561)406-7971	<b>3d. Cell No.</b> (757)560-8773	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mike.goodwin@constellis.com
--------------------------------------	--------------------------------------	--------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Service	<b>4b. Principal Product or Service</b> Security Services @ federal site	<b>5a. City and State where unit is located:</b> Silver Spring, MD
--	---	---

<b>5b. Description of Unit Involved:</b> <b>Included:</b> Full-time and part-time security guards, as defined in Section 9(b)(3) of the Act, assigned by the Employer <b>Excluded:</b> office clerical employees, professional employees, Project Managers, Associate Project Managers, Call	<b>6a. Number of Employees in Unit:</b> 20
--	---

<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ 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.

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

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

<b>8g. Affiliation, if any:</b> none	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
---	---	--

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

<b>11b. Election Date(s):</b> December 2-3, 2019	<b>11c. Election Time(s):</b> 5-8am (both days), 1-4pm (both days)	<b>11d. Election Location(s):</b> Mobile voting at or near worksite
---	---	--

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

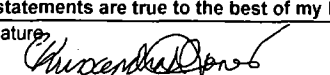
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
None

<b>12d. Tel. No.</b> (202)602-8438	<b>12e. Cell No.</b> 202-602-8438	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> chrissandrajones@psosunited.com
---------------------------------------	--------------------------------------	---------------------	---

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Chrissandra Jones President	<b>13b. Address (street and number, city, State and ZIP code):</b> 10289 Housely Place White Plains, MD 20695

<b>13c. Tel. No.</b>	<b>13d. Cell No.</b> 202-602-8438	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
----------------------	--------------------------------------	---------------------	----------------------------

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

Name (Print) Chrissandra Jones	Signature 	Title President	Date 10/29/19
-----------------------------------	--	--------------------	------------------

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

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