

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-265646	Date Filed 9/3/20

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
American Security Programs (ASP)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1881 Campus Commons Dr Suite 10
VA Reston 20191-

3a. Employer Representative - Name and Title
Mark Phinney

3b. Address (If same as 2b - state same)
1881 Campus Commons Dr Suite 10
VA Reston 20191-

3c. Tel. No.
(703) 834-8900

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
mphinney@secureamericallc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Security Systems & Services

4b. Principal product or service
Security at federal site

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

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:
17

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).
National Ass'n of Special Police & Security Officers (NASPSO) unknown unknown

8b. Address
unknown unknown
DC Unknown

8c. Tel No.
(555) 555-5555

8d. Cell No.

8e. Fax No.

8f. E-Mail Address
unknown@mail.com

8g. Affiliation, if any
unknown

8h. Date of Recognition or Certification
05/01/2018

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
11/30/2020

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
10/28/2020

11c. Election Time(s):
5-8AM, 3-6PM

11d. Election Location(s):
As close as possible to worksite

12a. Full Name of Petitioner (including local name and number)
Chrissandra Jones
Protective Service Officers United (PSOs United)

12b. Address (street and number, city, state, and ZIP code)
8004 Neville Pl
MD Fort 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

12d. Tel No.
(202) 602-8438

12e. Cell No.
(202) 602-8438

12f. Fax No.

12g. E-Mail Address
chrissandrajones@psosunited.com

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

13a. Name and Title
Justin P Keating Attorney for Petitioner
Beins, Axelrod, P.C.

13b. Address (street and number, city, state, and ZIP code)
1717 K St. NW Suite 1120
DC Washington 20006-

13c. Tel No.
(202) 595-1941

13d. Cell No.
(703) 966-3193

13e. Fax No.

13f. E-Mail Address
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.

Name (Print)
Justin P Keating

Signature
Justin P. Keating

Title
Attorney for Petitioner

Date
09/3/2020 10:52:24

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

All Full & Part-Time Guards employed by the Employer at the FEMA Site at 500 C St., SW, Washington DC

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-265657	Date Filed 9/3/2020

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 EMCOR Government Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2800 Crystal Dr Suite 600 VA Arlington 22202-
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3a. Employer Representative - Name and Title Christine Hill	3b. Address (If same as 2b - state same) 2800 Crystal Dr Suite 600 VA Arlington 22202-
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3c. Tel. No. (571) 403-8900	3d. Cell No. (703) 397-3370	3e. Fax No.	3f. E-Mail Address christinehill@emcor.net
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electronic Instr. & Controls	4b. Principal product or service Facilities Maintenance	5a. City and State where unit is located: Germantown, 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: 24	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) 09/03/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

11b. Election Date(s): 10-1-2020	11c. Election Time(s): United States Mail	11d. Election Location(s): United States Mail
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12a. Full Name of Petitioner (including local name and number) Eamon Moriarty Clifford International Union of Operating Engineers, Local 99	12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West MD Largo 20774-
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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 of Operating Engineers

12d. Tel No. (202) 337-0099	12e. Cell No. (202) 253-5440	12f. Fax No. (240) 716-3956	12g. E-Mail Address ecifford@iuoelocal99.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	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) Eamon Moriarty Clifford	Signature Eamon Moriarty Clifford	Title Lead Organizer	Date 09/3/2020 10:26:41
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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

All Full-time and regular part-time employees employed by the employer and engaged in facilities maintenance at the United States Department of Energy Campus in Germantown, MD.

Employees Excluded

All clerical employees, all managerial employees, all professional employees, all confidential employees, all guards and supervisors as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-265999	Date Filed 9-11-2020

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 Trademasters	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7208 Lockport Place VA Lorton 22079-
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3a. Employer Representative - Name and Title David Kyle	3b. Address (If same as 2b - state same) 7208 Lockport Place VA Lorton 22079-
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3c. Tel. No. (703) 644-6400	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Others	4b. Principal product or service Facilities Maintenance	5a. City and State where unit is located: Herndon, VA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 4
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Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 09/11/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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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.
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		10e. Fax No.	10f. E-Mail Address
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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): 10-8-20	11c. Election Time(s): United States Mail	11d. Election Location(s): United States Mail
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12a. Full Name of Petitioner (including local name and number) Eamon Moriarty Clifford International Union of Operating Engineers, Local 99	12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West MD Upper Marlboro 20774-
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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 of Operating Engineers
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12d. Tel No. (202) 337-0099	12e. Cell No. (202) 253-5440	12f. Fax No. (240) 716-3956	12g. E-Mail Address ecifford@iuoelocal99.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		13b. Address (street and number, city, state, and ZIP code)	

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) Eamon Moriarty Clifford	Signature Eamon Moriarty Clifford	Title Lead Organizer	Date 09/11/2020 15:07:20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Full time and regular Part-time employees employed by the employer who are engaged in facilities maintenance at the Freedom Center in Herndon,VA.

Employees Excluded

All Clerical employees, all managerial employees, all professional employees, all confidential employees, all guards and supervisors as defined in the act.

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-266392	Date Filed 9/21/20
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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: The Cogar Group, Ltd	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11166 Fairfax Blvd., Suite 306 Fairfax, VA 22030
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3a. Employer Representative - Name and Title: Joe Chase	3b. Address (if same as 2b - state same): 11166 Fairfax Blvd., Suite 306 Fairfax, VA 22030
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3c. Tel. No. 443-370-2573	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal Product or Service Security	5a. City and State where unit is located: Washington, DC
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5b. Description of Unit Involved: Included: See attached Excluded: See attached	6a. Number 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? <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) United Government Security Officers of America	8b. Address: 2879 Cranberry Highway East Wareham, MA 02538
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8c. Tel. No. 774-678-0936	8d. Cell No.	8e. Fax No.	8f. E-Mail Address mleblanc@ugsoa.com
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8g. Affiliation, if any: Unknown	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/01/2020
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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: _____ **11a. Election Type:**
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): 10/28/2020	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Protective Service Officers United	12b. Address (street and number, city, State and ZIP code): 8004 Neville Place Fort Washington, MD 20744
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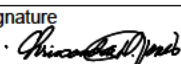
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
N/A

12d. Tel. No. 202-602-8438	12e. Cell No.	12f. Fax No.	12g. E-Mail Address chrissandrajones@psosunited.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: Chrissandra Jones, President	13b. Address (street and number, city, State and ZIP code): 8004 Neville Place Fort Washington, MD 20744
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13c. Tel. No. 202-602-8438	13d. Cell No.	13e. Fax No.	13f. E-Mail Address chrissandrajones@psosunited.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Chrissandra Jones	Signature 	Title President	Date 09/21/20
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
05-266392	9/21/20

Employees Included

All Full & Part- Time Guards employed by the employer at the Department of Commerce Site at 1401 Constitution Ave NW, Washington, DC 20230

Employees Excluded

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

09/21/2020

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-266458	Date Filed 09/22/2020

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 Golden SVCS, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 45 L St. NE, Washington, DC 20002
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3a. Employer Representative - Name and Title Karen Hamilton, Human Resources Manager	3b. Address (If same as 2b - state same) 5904 Richmond Hwy, Suite 408, Alexandria, VA 22303
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3c. Tel. No. 865-742-7155	3d. Cell No.	3e. Fax No. 866-265-7304	3f. E-Mail Address khamilton@goldsvcs.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Building	4b. Principal product or service Security	5a. City and State where unit is located: Washington, DC
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5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY GOLDEN SVCS, LLC @45 L St. NE, Washington, DC 20002 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	6a. No. of Employees in Unit: 43	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): TBD	11c. Election Time(s): N/A	11d. Election Location(s): N/A
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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) Dwayne Phillips	Signature 	Title Organizing Director	Date 9/21/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-266608	Date Filed 9-24-2020

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
American University Office of the Provost

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4400 Massachusetts Avenue, NW
DC Washington 20016

3a. Employer Representative Name and Title
Darrell VanDeusen

3b. Address (if same as 2b state same)
Kollman & Saucier, P.A. 1823 York Rd
MD Timonium 21093

3c. Tel. No. (410) 727-4300 **3d. Cell No.**

3e. Fax No. (410) 727-4391 **3f. E Mail Address** dvand@kollmanlaw.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools **4b. Principal product or service** Higher Education **5a. City and State where unit is located:** Washington, DC

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: 618

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). **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): October 15, 2020 **11c. Election Time(s):** 9:00 AM - 5:00 PM **11d. Election Location(s):** Washington, D.C.

12a. Full Name of Petitioner (including local name and number)
Steve Schwartz
Service Employees International Union (SEIU) Local 500

12b. Address (street and number, city, state, and ZIP code)
14616 Country Creek Ln
MD North Potomac 20878

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union, CFW, CLC

12d. Tel No. (301) 385-7873 **12e. Cell No.** (301) 385-7873 **12f. Fax No.** **12g. E-Mail Address** saschwartzlaw@gmail.com

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

13a. Name and Title
Steve Schwartz Legal Consultant
Independent Consultant

13b. Address (street and number, city, state, and ZIP code)
14616 Country Creek Ln
MD North Potomac 20878

13c. Tel No. **13d. Cell No.** **13e. Fax No.** **13f. E Mail Address** saschwartzlaw@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) Steve Schwartz	Signature Steve Schwartz	Title Legal Consultant	Date 09/24/2020 13:37:49
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

please see accompanying Description of Unit Involved

Employees Excluded

please see accompanying Description of Unit Involved

SEIU Local 500 and Academic Affairs Division, American University

Description of Unit Involved:

Included:

All full time and regular part-time professional and non-professional employees employed below the level of Associate Director in the Academic Affairs Division by American University in Washington, D.C.;

Excluded:

But excluding all other employees, faculty, students at the University, employees who are working in positions funded partly or totally through external sources where the University does not control their wages, confidential employees, managers, guards, and supervisors as defined by the National Labor Relations Act.

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: Transdev North America, Inc., Cinder Bed Division	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7901 Cinder Bed Road, Lorton, Virginia 22079
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3a. Employer Representative - Name and Title: Patricia Day Sr. Director Labor Relations	3b. Address (if same as 2b - state same): Same
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3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address patricia.day@transdev.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) transit bus facility	4b. Principal Product or Service passenger transportation	5a. City and State where unit is located: Lorton, Virginia
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5b. Description of Unit Involved: Included: Road Supervisors, Station Supervisors, Dispatchers, Classroom Trainers @ Cinder Bed Excluded: Asst. Chief Supervisors, Auditor Driver Certification, all others & 2(11) supervisors	6a. Number of Employees in Unit: Sixteen (16) 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) 9/14/2020 and Employer declined recognition on or about (Date) 9/22/2020 (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: An election pursuant to Section 9 of the Act should be conducted.
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): October 8, 2020	11c. Election Time(s): 6:00 am to 9:00 am & 3:00 pm to 6:00 pm	11d. Election Location(s): Cinder Bed Division, Lorton, Virginia
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12a. Full Name of Petitioner (including local name and number): Local 2, Office and Professional Employees International Union, AFL-CIO, CLC	12b. Address (street and number, city, State and ZIP code): 8555 16th Street, Suite 550, Silver Spring, MD 20910
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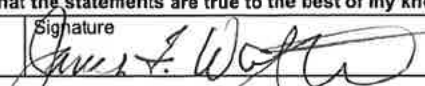
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Office and Professional Employees International Union, AFL-CIO, CLC

12d. Tel. No. (301) 608-9705	12e. Cell No.	12f. Fax No. (301) 608-2586	12g. E-Mail Address mspiller@opeiu-local2.org
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13a. Name and Title: Michael Spiller, 1st Vice President, OPEIU Local 2	13b. Address (street and number, city, State and ZIP code): 8555 16th Street, Suite 550, Silver Spring, MD 20910
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13c. Tel. No. (301) 608-9705	13d. Cell No.	13e. Fax No. (301) 608-2586	13f. E-Mail Address mspiller@opeiu-local2.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) James F. Wallington	Signature 	Title Attorney for Petitioner	Date 9/24/2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
05-RC-266799

Date Filed
09/29/2020

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 Hana Industries, Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1616 Fort Myers Dr. Arlington, VA 22209	
3a. Employer Representative - Name and Title Brad Cooper, COO		3b. Address (If same as 2b - state same) 485 Devon Park Dr. Suite 109 Wayne, PA 19087	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Building		4b. Principal product or service Security	5a. City and State where unit is located: Arlington, VA

5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY Hana Industry @1616 Fort Myers Dr. Arlington, VA 22209 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.		6a. No. of Employees in Unit: 10	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). leosu		8b. Address 1155 F Street N.W., Suite 1050 Washington, DC 20004	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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


11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. Election Time(s): N/A	11d. Election Location(s): N/A	

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

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

Name (Print) Dwayne Phillips	Signature 	Title Organizing Director	Date 9/25/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 Allied Universal	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 161 Washington Street Suite 600 Conshohocken, PA 19428
3a. Employer Representative - Name and Title David Chapla, VP Labor Relations	3b. Address (If same as 2b - state same) Same

3c. Tel. No. (484) 351-1418	3d. Fax No.	3e. Cell No. (610) 955-4790	3f. E-Mail Address david.chapla@aus.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Contractor	4b. Principal product or service Security services
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5a. Description of Unit Involved Included: See attached Excluded: See attached	5b. City and State where unit is located: Washington D.C.
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6. No. of Employees in Unit 44	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent International Union for Security Professionals of America (SPFPA), Local 462	8b. Affiliation, if any
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8c. Address 25510 Kelly Road, Roseville, MI 48066	8d. Tel. No. (586) 772-7250	8e. Cell No.
	8f. Fax No.	8g. E-Mail Address jmccray@spfpa.org

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 15, 2020
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization of since (Month, Day, Year)
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12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell 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: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) October 1, 2020	13c. Election Time(s) NA	13d. Election Location(s) Mail
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14. Full Name of Petitioner
(b) (6), (b) (7)(C) An Individual

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition **(b) (6), (b) (7)(C)** of my knowledge and belief.

(b) (6), (b) (7)(C)	Title	Date Filed 9/30/20
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WILLFUL FALSE STATEMENT **(b) (6), (b) (7)(C)** **FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

Included: all full-time and regular part-time special police officers who are employed in or assigned to the following locations of the Employer assigned to DC Water and Sewer Authority in Washington DC, located at 5000 Overlook Avenue SW; 301 Bryant Street; 125 O Street SE; and 4000 Chesapeake Street NW.

Excluded: managers, captains, lieutenants, professionals, confidential employees, non-security officer employees, clericals, and supervisors within the meaning of the National Labor Relations Act.