

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
01-RC-238994	4-2-19

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 UMass Memorial Medical Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 55 Lake Avenue MA Worcester 01604
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3a. Employer Representative - Name and Title Jeff Mogan	3b. Address (If same as 2b - state same) Human Resources, Labor Relations 55 Lake Avenue MA Worcester 01604
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3c. Tel. No. (508) 740-7082	3d. Cell No. (508) 740-7082	3e. Fax No. (508) 793-5680	3f. E-Mail Address jeffrey.mogan@umassmemorial.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service healthcare	5a. City and State where unit is located: Worcester, MA
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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: 6 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) 04/03/2019 and Employer declined recognition on or about 04/03/2019 (Date) (If no reply received, so state). Yes
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

11b. Election Date(s): April 25, 2019	11c. Election Time(s): 12:00 - 1:00 pm	11d. Election Location(s): 291 Lincoln Street, suite 301, Worcester, MA 01606
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12a. Full Name of Petitioner (including local name and number) Carol Hehir State Healthcare And Research Employees, AFSCME Local 3900	12b. Address (street and number, city, state, and ZIP code) 50 Lake Avenue MA Worcester 01604
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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)
American Federation of State, County and Municipal Employees

12d. Tel No. (508) 929-4020	12e. Cell No. (617) 620-2843	12f. Fax No. (508) 929-4040	12g. E-Mail Address carol.hehir@theshareunion.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) Carol Hehir	Signature Carol Hehir	Title Organizer	Date 04/2/2019 19:44:13
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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	01-RC-238994
Date Filed	4-2-19

Employees Included

291 Lincoln Street Suite 301. Medical Office Assistants, PCAs, Secretaries, LPNs.

Employees Excluded

supervisors, doctors, registered nurses.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-239165

Date Filed

4-8-19

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

Baxter Academy

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

185 Lancaster St, Portland, ME 04101

3a. Employer Representative - Name and Title

Kelli Pryor - Executive Director

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

Same

3c. Tel. No.

207-699-5500

3d. Cell No.

3e. Fax No.

207-331-4831

3f. E-Mail Address

kelli.pryor@baxter-academy.org

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

School

4b. Principal product or service

Education

5a. City and State where unit is located:

Portland, ME

5b. Description of Unit Involved

Included: Certified Instructors and Education Technicians

Excluded:

6a. No. of Employees in Unit:

~35

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) 3/20/2019 and Employer declined recognition on or about 4/3/2019 (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).

No currently recognized bargaining agent

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11b. Election Date(s):
As soon as practicable

11c. Election Time(s):

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

11d. Election Location(s):
Baxter Academy, 185 Lancaster St. Portland ME

12a. Full Name of Petitioner (including local name and number)
Maine Education Association

12b. Address (street and number, city, state, and ZIP code)
35 Community Drive, Augusta, ME 04330

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

12d. Tel No.

207-622-5866

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

rolson@maineea.org

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

13a. Name and Title Robert Olson, UniServ Director

13b. Address (street and number, city, state, and ZIP code)
29 Christopher Toppi Dr, South Portland, ME, 04106

13c. Tel No.

207-774-6133

13d. Cell No.

13e. Fax No.

207-774-9786

13f. E-Mail Address

rolson@maineea.org

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

Name (Print)

Robert Olson

Signature



Title

UniServ Director

Date

4/4/2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

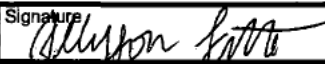
01-RC-239236

Date Filed

4-9-19

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: Northeastern University		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Office of the General Counsel 716 Columbus Avenue, Suite 301, Boston, MA 02215	
3a. Employer Representative - Name and Title: Scott Merrill Senior Director of Labor Operations		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 617-373-8064	3d. Cell No.	3e. Fax No. 617-373-8090	3f. E-Mail Address s.merrill@northeastern.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) University		4b. Principal Product or Service higher education	5a. City and State where unit is located: Boston, MA
5b. Description of Unit Involved: Included: SEE ATTACHED Excluded: SEE ATTACHED			6a. Number of Employees in Unit: 430
			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: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
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? <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Service Employees International Union, Local 509		12b. Address (street and number, city, State and ZIP code): 293 Boston Post Road West, 4th Floor Marlborough, MA 01752	
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			
12d. Tel. No. 774-843-7509	12e. Cell No.	12f. Fax No. 508-485-8529	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Patrick N. Bryant, Attorney		13b. Address (street and number, city, State and ZIP code): Pyle Rome Ehrenberg PC 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel. No. 617-367-7200	13d. Cell No.	13e. Fax No. 617-367-4820	13f. E-Mail Address pbryant@pylerome.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) Ally Little	Signature 	Title Organizer	Date 04/09/19

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 to RC PETITION

5b. Description of Unit Involved:

Included: All full-time non-tenured or non-tenure track faculty employed by Northeastern University at its campuses located at 360 Huntington Avenue, Boston and 89 Broad Street, Boston, Massachusetts, including, but not limited to, faculty with the titles Assistant Teaching Professor, Associate Teaching Professor, Teaching Professor, Visiting Assistant Teaching Professor, Visiting Associate Teaching Professor, Visiting Assistant Professor, Visiting Associate Professor, Visiting Professor, Visiting Lecturer, Assistant Academic Specialist, Associate Academic Specialist, Academic Specialist, Senior Academic Specialist, Executive Professor, Lecturer, Senior Lecturer, Professor of the Practice, clinical fellows, assistant clinical professors, associate clinical professors, clinical professors, and clinical instructors. Bargaining unit faculty above who also have title or responsibilities identified in the exclusions remain included within the unit, unless they are a supervisory, managerial or confidential employee as defined by the Act.

Excluded: Part-time faculty, including adjuncts, tenured and tenure-track faculty, deans, provosts, professionals and non-professional employees, department chairs, graduate assistants, graduate students, research assistants, teaching fellows, athletic coaches, academic advisors, maintenance employees, clerical employees, post-doctoral scholars, assistant co-op coordinators, associate co-op coordinators, co-op coordinators, "remote faculty" (i.e., faculty assigned to non-Boston campuses and/or faculty who only teach online and do not have a reasonable expectation of teaching in person), and guards, supervisors, and confidential employees as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-239558	Date Filed 4/15/2019

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 NAES Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 300 Maxim Road, Hartford, Connecticut 06114	
3a. Employer Representative - Name and Title Abduljawad Rabah - Plant Manager		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 860-613-0048 x 2905	3d. Cell No. 860-834-9198	3e. Fax No.	3f. E-Mail Address abdul.rabah@naes.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) waste to energy plant		4b. Principal product or service waste processing	
4c. City and State where unit is located: Hartford, Connecticut		5a. City and State where unit is located: Hartford, Connecticut	
5b. Description of Unit Involved All full time and regular part time Control Room Operators, Electricians, Maintenance Mechanics, Picking Station Operators, Plant Maintainers, Plant Operators, PS/CR Operators, Senior Plant Operators, Senior Maintenance Mechanics, Utility Operators and Yard Crew Leaders at the Waste Processing Facility (WPF). Included: Excluded: All office clerical employees, professional employees, guards and supervisors under the Act.			6a. No. of Employees in Unit: 38 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **04/09/2019** and Employer declined recognition on or about **04/09/2019** (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): **05/01/2019**
11c. Election Time(s): **6:30am-7:30am & 2:30pm-3:30pm**
11d. Election Location(s): **lunch room at the facility**

12a. Full Name of Petitioner (including local name and number)
Local 30 I.U.O.E. and Local 478 I.U.O.E.
12b. Address (street and number, city, state, and ZIP code)
16-16 Whitestone Expressway, Whitestone, New York 11357

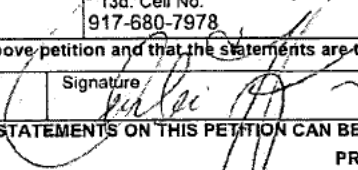
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No. 718-847-8484 x 209	12e. Cell No. 917-680-7978	12f. Fax No. 718-805-2172	12g. E-Mail Address andrespuerta@iuoelocal30.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 **Andres Puerta, Director of Special Projects**
13b. Address (street and number, city, state, and ZIP code)
16-16 Whitestone Expressway, Whitestone, NY 11357 & 1965 Dixwell Avenue, Hamden, CT 06514

13c. Tel No. 718-847-8484 x 209	13d. Cell No. 917-680-7978	13e. Fax No. 718-805-2172	13f. E-Mail Address andrespuerta@iuoelocal30.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) Andres Puerta	Signature 	Title Director of Special Projects	Date 04/15/2019
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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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HYUNDAI
4/15/2019
REGION 31
JL CP

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-239739

Date Filed 4/16/2019

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

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2a. Name of Employer
Troupe Waste Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1477 Bedford St. Abington, Ma 02351

3a. Employer Representative - Name and Title
John Troupe

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

3c. Tel. No.
781.340.0030

3d. Cell No.

3e. Fax No.
781.878.9094

3f. E-Mail Address
troupe@troupewaste.com

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

4b. Principal product or service
Waste

5a. City and State where unit is located:
Abington Ma 02351

5b. Description of Unit Involved

Included: All full time and regular part time drivers at the Abington location

Excluded: All other employees: mechanics, guards, yardmen, supervisors, managers as defined in the act

6a. No. of Employees in Unit:
15

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) 4/16/19 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 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):
5/1/19

11c. Election Time(s):
TBD

11d. Election Location(s):
Abington Location

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Teamsters Local Union #25

12b. Address (street and number, city, state, and ZIP code)
544 Main St. Boston Ma 02129

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters Local Union #25

12d. Tel No.
617.241.8825

12e. Cell No.

12f. Fax No.
617.242.4284

12g. E-Mail Address
awalsh@teamsterslocal25.com

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

13a. Name and Title Andrew P. Walsh Business Agent

13b. Address (street and number, city, state, and ZIP code)
544 Main St. Boston Ma 02129

13c. Tel No.
617.241.8825

13d. Cell No.

13e. Fax No.
617.242.4284

13f. E-Mail Address
awalsh@teamsterslocal25.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) Andrew P. Walsh

Signature 

Title Business Agent

Date 4/16/19

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-239801

Date Filed

4/17/2019

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:
Student Transportation of America/Ocean State Transit

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
125 Commercial Way, East Providence, RI 02914 and 909 Wampanoag Trl.,
Riverside, RI 02915

3a. Employer Representative - Name and Title:
Tony Murgio/ VP of Operations

3b. Address (if same as 2b - state same):
14 Clinton Ave., Jamestown, RI 02835

3c. Tel. No.
401-435-8080

3d. Cell No.
401-862-5090

3e. Fax No.

3f. E-Mail Address
tmurgio@rideSTA.com

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

4b. Principal Product or Service
Student

5a. City and State where unit is located:
East Providence, RI

5b. Description of Unit Involved:

Included:

See attachment

Excluded:

See attachment

6a. Number of Employees in Unit:
98

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

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** _____ 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? 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: **11a. Election Type:**
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
May 14, 2019

11c. Election Time(s):
To be determined

11d. Election Location(s):
Office located on Commercial Way

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 251

12b. Address (street and number, city, State and ZIP code):
121 Brightbridge Ave., East Providence, RI 02914

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

12d. Tel. No.
401-434-0454

12e. Cell No.
401-965-2024

12f. Fax No.
401-431-1893

12g. E-Mail Address

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

13a. Name and Title:
Marc Gursky/Attorney

13b. Address (street and number, city, State and ZIP code):
1130 Ten Rod Rd., (C-207) North Kingstown, RI 02852

13c. Tel. No.
401-294-4700

13d. Cell No.
401-580-3402

13e. Fax No.
401-294-4702

13f. E-Mail Address
mgursky@rilaborlaw.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)
Michael Simone

Signature



Title
Organizer/Trustee

Date
4/17/19

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.

Attachment

5b. Description of Unit Involved

Included:

All full time and regular part-time bus drivers employed by the employer to provide transportation for the East Providence district.

Excluded:

All monitors, aides, van drivers, other employees, guards and supervisors as defined in the act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-239804	Date Filed 4-17-19

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

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

2a. Name of Employer: Wynn Resorts, Ltd. d/b/a Encore Boston Harbor	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): One Broadway, Everett, MA 02149
3a. Employer Representative - Name and Title: Robert DeSalvio, President	3b. Address (if same as 2b - state same): One Broadway, Everett, MA 02149

3c. Tel. No. 857-770-7000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Gambling Casino and Hotel		4b. Principal Product or Service Gambling, Entertainment, Lodging	5a. City and State where unit is located: Everett, MA
5b. Description of Unit Involved: Included: SEE ATTACHED Excluded:			6a. Number of Employees in Unit: 109
			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) 4/17/2019 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) N/A	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

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) N/A, 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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

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

11b. Election Date(s): ASAP	11c. Election Time(s): ASAP	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Local 103, IBEW	12b. Address (street and number, city, State and ZIP code): 256 Freeport Street Dorchester, MA 02122
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Electrical Workers

12d. Tel. No. 617-436-3710	12e. Cell No. 781-789-5445	12f. Fax No.	12g. E-Mail Address rsheehan@ibew103.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:
Ira Sills, Esq.
 13b. Address (street and number, city, State and ZIP code): Segal Roitman, LLP, 33 Harrison Avenue, 7th Floor, Boston, MA 02111 |

13c. Tel. No. 617-603-1421	13d. Cell No. 617-823-2485	13e. Fax No. 617-742-2187	13f. E-Mail Address isills@segalroitman.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) Ira Sills	Signature 	Title Attorney	Date 4/18/2019
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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 A

IBEW, Local 103 Bargaining Unit Positions RE: Encore Casino/Hotel

All Maintenance, General Services and building Trades employees including, but not limited to, the following, all:

Lead Employees (i.e., Lead Electricians, Lead Plumbers, Lead HVAC, etc.); Electricians; Plumbers; Plasterers; Sheet Metal Workers; HVAC Technicians General; Drywall Employees; Carpenters General; Painters; Tilers; Laborers/Landscape Employees; Slot Maintenance Employees; Utility Employees; Senior Watch Employees; FCC Dispatch and Maintenance Employees; Telecommunications Technicians; I+C Technicians; HVAC AHG-FCU Technicians; HVAC General Employees; Stonemasons; FCC Maintenance and Dispatch; BAS Controls Technicians; Graphic Artists and Sign Shop; Utility Porter Employees; Security Technicians; Base Technician Leads; Communication Technicians; Sound and Video Technicians; A/V Technicians; Lighting Technicians; Lighting Control Technicians; Solar Technicians; Wall Coverers; IT Technicians; Locksmiths; EPS/Junior Production Managers; Surveillance Technicians; Carpet Installers; Senior Administration Assistants/Security and Maintenance; Upholstery Employees; General Services Technicians; Kitchen Technicians; Plant and Senior Watch Operators; Technician Refrigeration Employees; Door Repair Employees; Frames and Drywall Employees; Millwork Specialist Employees and Clerks

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

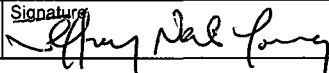
01-RC-240379

Date Filed

4-26-19

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: Preble Street		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 38 Preble Street Portland, ME 04101	
3a. Employer Representative - Name and Title: Mark Swann, Executive Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 207-775-0026	3d. Cell No.	3e. Fax No. 207-842-3614	3f. E-Mail Address humanresources@preblestreet.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) homeless shelter and resource center		4b. Principal Product or Service food, shelter, and counselling	5a. City and State where unit is located: Portland, Maine
5b. Description of Unit Involved: Included: wall to wall unit including full-time, part-time, and per diem staff Excluded: all statutory supervisors, managerial, and confidential employees			6a. Number of Employees in Unit: 153 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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 04/26/19 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 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? 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: Because of variety of schedules and locations, mail ballot would be most effective			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): ASAP (not Mem Day weekend)		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): MSEA-SEIU Local 1989		12b. Address (street and number, city, State and ZIP code): 65 State Street Augusta, ME 04330-5126	
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			
12d. Tel. No. 207-622-3151	12e. Cell No. 207-504-3391	12f. Fax No. 207-623-4016	12g. E-Mail Address Angela.MacWhinnie@mseaseiu.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jeffrey Neil Young, Esq.		13b. Address (street and number, city, State and ZIP code): Johnson, Webbert & Young 160 Capitol St. Suite 3 Augusta, ME 04330	
13c. Tel. No. 207-623-5110	13d. Cell No. 207-841-1881	13e. Fax No. 207-622-4160	13f. E-Mail Address jyoung@work.law
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) Jeffrey Neil Young		Signature 	Title Attorney Date 04/26/19

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-240403

4/29/19

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

Avalon Bay

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

see attach list

3a. Employer Representative - Name and Title

James Meehan Maintenance Director

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

1499 Post Road, 2nd Fairfield CT 06824

3c. Tel. No.

203-319-4949

3d. Cell No.

203-543-1957

3e. Fax No.

203-319-4944

3f. E-Mail Address

jim_meehan@avalonbay.com

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

Residential Developments

4b. Principal product or service

maintenance

5a. City and State where unit is located:

see attachment

5b. Description of Unit Involved

Included: All full time and regular part time Lead engineers, tech 1,2 and 3

Excluded:

All office and professional employees, guards and supervisors under the Act.

6a. No. of Employees in Unit:

27

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) 4/26/2019 and Employer declined recognition on or about no reply (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):

5/21/2019

11c. Election Time(s):

12:00 to 2:00 pm

11d. Election Location(s):

8 Norden place East Norwalk CT 06840

12a. Full Name of Petitioner (including local name and number)

International Union of Operating Engineers Local 30

12b. Address (street and number, city, state, and ZIP code)

16-16 Whitestone Expressway, Whitestone NY 11357

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.

718-847-8484 ext 209

12e. Cell No.

917-680-4291

12f. Fax No.

718-805-2172

12g. E-Mail Address

vincentfiorentino@iuoelocal30.org

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

13a. Name and Title Vincent Fiorentino Organizer

13b. Address (street and number, city, state, and ZIP code)

16-16 Whitestone Expressway, Whitestone NY 113357

13c. Tel No.

718-847-8484 ext 209

13d. Cell No.

917-680-4291

13e. Fax No.

718-805-2172

13f. E-Mail Address

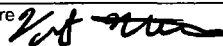
vincentfiorentino@iuoelocal30.org

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

Name (Print)

Vincent Fiorentino

Signature



Title

Organizer

Date

4/29/2019

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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