

DO NOT WRITE IN THIS SPACE

Case No.
1-RC-251507

Date Filed
11/12/2019

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:
Rockland Trust Bank Pavilion/Live Nation

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
290 Northern Ave., Boston, MA 02210

3a. Employer Representative - Name and Title:
Jason Sandoval, General Manager

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

3c. Tel. No.
617-728-1600

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
JasonSandoval@LiveNation.com

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

4b. Principal Product or Service
Entertainment

5a. City and State where unit is located:
Boston, MA

5b. Description of Unit Involved:
Included:
Ushers, Usher Captains, Usher Supervisors, Ambassadors and Guest Service Reps.
Excluded:
All other employees, office clerical employees, guards & supervisors as defined in Act

6a. Number of Employees in Unit:
96

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) Oct. 18, 2019 and Employer declined recognition on or about (Date) Nov. 1, 2019 (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):
2 weeks after DDE.

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
IATSE Local B4

12b. Address (street and number, city, State and ZIP code):
P.O. Box 120277, Boston, MA 02112

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
The International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
carolarlauskasb4@gmail.com

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

13a. Name and Title:
Gabriel O. Dumont, Jr., Esq.

13b. Address (street and number, city, State and ZIP code):
Dumont, Morris And Burke, PC
141 Tremont Street, Suite 500, Boston, MA 02111

13c. Tel. No.
(617) 227-7272

13d. Cell No.
(617) 733-4804

13e. Fax No.
(617) 227-7025

13f. E-Mail Address
gdumont@dmbpc.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)
Gabriel O. Dumont, Jr.

Signature
/s/ Gabriel O. Dumont, Jr.

Title
Attorney

Date
11/12/19

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-251551	Date Filed 11/12/19

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 Action Ambulance		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 490 South Street MA Holyoke 01040-	
3a. Employer Representative - Name and Title Rock Thibeault		3b. Address (if same as 2b - state same) 490 South Street MA Holyoke 01040-	
3c. Tel. No. (413) 425-9500	3d. Cell No. (413) 244-9612	3e. Fax No. (978) 263-2568	3f. E-Mail Address rthibeault@actionambulance.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service emergency medical services / transport		5a. City and State where unit is located: Holyoke, MA
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: 70 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: <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? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): December 10 & 12, 2019	11c. Election Time(s): 8:00 am - 10:00 am & 2:00 pm - 4:00 pm both days	11d. Election Location(s): 490 South Street, Holyoke, MA 01040 (Employer's facility, training room)	
12a. Full Name of Petitioner (including local name and number) Philip Petit Philip Petit		12b. Address (street and number, city, state, and ZIP code) 159 Burgin Parkway MA Quincy 02169-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of EMTs and Paramedics, NAGE / SEIU Local 5000			
12d. Tel No. (161) 737-6723	12e. Cell No. (774) 218-9488	12f. Fax No. (617) 984-5695	12g. E-Mail Address ppetit@nage.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Doug Hall Lead Counsel International Association of EMTs and Paramedics, NAGE / SEIU Local 5000		13b. Address (street and number, city, state, and ZIP code) 159 Burgin Parkway MA Quincy 02169-	
13c. Tel No. (860) 230-5874	13d. Cell No. (860) 230-5874	13e. Fax No. (617) 984-5695	13f. E-Mail Address dhall@nage.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) Philip Petit	Signature Philip Petit	Title National Director	Date 11/12/2019 14:13:24

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All full time, regular part time and per-diem EMTs, Paramedics and dispatchers employed by the employer working in and out of but not limited to employer's Holyoke, Hadley and Springfield, Massachusetts locations.

Employees Excluded

Office, and Clerical employees, confidential employees, mechanics, fleet technicians, couriers, crew chiefs, guards, and supervisors employed by the employer as defined by the Act.

Case No
01-RC-251792

Date Filed
11/15/2019

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: Boston University	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 801 Massachusetts Ave, Boston, MA, 02118
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3a. Employer Representative - Name and Title: Judi Burgess	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 617-353-2380	3d. Cell No. N/A	3e. Fax No. 888-975-1568	3f. E-Mail Address hr@bu.edu
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4a. Type of Establishment (Factory mine wholesaler etc) Higher Education/University	4b. Principal Product or Service higher education	5a. City and State where unit is located: Boston, MA
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5b. Description of Unit Involved: Included: See adendum Excluded: See adendum	6a. Number 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? <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) 7/31/2019 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) SEIU 888	8b. Address: 25 Braintree Hill Park #306, Braintree, MA 02184
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8c. Tel. No. 617-241-3300	8d. Cell No. N/A	8e. Fax No. 617-241-3303	8f. E-Mail Address hrothmel@seiu888.org
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8g. Affiliation if any Service Employees International Union	8h. Date of Recognition or Certification 1979	8i. Expiration Date of Current or Most Recent Contract if any (Month Day Year) 10/3/2019
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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? N/A
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts and election in this matter state your position with respect to any such election
These employees share a community of interest and are professional employees

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

11b. Election Date(s) 12/5/2019	11c. Election Time(s) 8-11 AM, 4-6 PM	11d. Election Location(s) Room 503 Mugar Library
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12a. Full Name of Petitioner (including local name and number): Service Employees International Union Local 888	12b. Address (street and number, city, State and ZIP code): 25 Braintree Hill Park #306, Braintree, MA 02184
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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):
Service Employees International Union

12d. Tel. No. 202-730-7000	12e. Cell No. N/A	12f. Fax No. N/A	12g. E-Mail Address N/A
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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 Hersch Rothmel, External Organizer	13b. Address (street and number city State and ZIP code): 25 Braintree Hill Park #306, Braintree, MA 02184
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13c. Tel. No. 609-694-5781	13d. Cell No. N/A	13e. Fax No. N/A	13f. E-Mail Address hrothmel@seiu888.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) Hersch	Signature	Title External Organizer	Date 11/13/2019
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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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FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 01-RC-252073 Date Filed 11/19/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.

2a. Name of Employer: McLaughlin & Moran Inc. 2b. Address(es) of Establishment(s) involved: 40 Slater Road, Cranston, RI 02920 3a. Employer Representative - Name and Title: Michael Norton/ VP of Operations 3b. Address (if same as 2b - state same): Same

3c. Tel. No. 401-463-5454 3d. Cell No. 3e. Fax No. 401-463-3770 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distributor 4b. Principal Product or Service alcoholic beverages/ beer 5a. City and State where unit is located: Cranston, RI 02920

6a. Number of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? [X] Yes [] No

6b. Description of Unit Involved: Included: See attachment Excluded: See attachment

Check One: [X] 7a. Request for recognition as Bargaining Representative was made on (Date) 11/19/2019 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) 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: 11a. Election Type: [X] Manual [] Mail [] Mixed Manual/Mail

11b. Election Date(s): TBD 11c. Election Time(s): TBD 11d. Election Location(s): break room

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 Avenue, 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. 401-556-1416 12f. Fax No. 401-431-1893 12g. E-Mail Address mattmaini.local251@gmail.com

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 Road 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@rllaborlaw.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) Matthew Maini Signature Title Business Agent Date 11/19/19

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. § 161 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

Attachment

5b. Description of unit involved:

Included:

All full time and regular part-time shipping/receiving clerks employed by the employer at its 40 Slater Rd., Cranston, RI facility.

Excluded:

All other employees, guards, supervisors and managers as defined in the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-252103

Date Filed
2/30/2019

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 First Student (Assabet)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 208 Hayes Memorial Drive MA Marlborough 01752-	
3a. Employer Representative Name and Title Jessica Quint		3b. Address (If same as 2b state same) 68 Industrial Blvd Suite 6 MA Hanson 02341-	
3c. Tel. No.	3d. Cell No. (339) 788-2862	3e. Fax No.	3f. E-Mail Address jessica.quint@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service School Bus	
5a. City and State where unit is located: Marlborough, MA			6a. No. of Employees in Unit: 17
5b. Description of Unit Involved Included: See Attached Page 2 for additional details 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"/>]
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? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): December 2, 2019		11c. Election Time(s): 7:00 AM - 9:00 AM	
11d. Election Location(s): 208 Hayes Memorial Drive, Marlborough, MA		12a. Full Name of Petitioner (including local name and number) Shawn C Stevens Shawn C Stevens (Teamsters Union Local 170)	
12b. Address (street and number, city, state, and ZIP code) 330 Southwest Cutoff Suite 201 MA Worcester 01604-		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. (508) 799-0551	12e. Cell No. (774) 823-5418	12f. Fax No. (508) 752-9647	12g. E-Mail Address sstevens@teamsters170.com
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
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) Shawn C Stevens	Signature Shawn C Stevens	Title Organizer	Date 11/20/2019 12:33:39

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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DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included
All Bus Drivers

Employees Excluded
All others 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-252107	Date Filed 11/20/19

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: All-Star Transportation	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 31 Pecks Lane, Newtown CT 06470
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3a. Employer Representative - Name and Title: Leslie Sheldon	3b. Address (if same as 2b - state same): 146 Huntingdon Avenue, Waterbury CT 06708
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3c. Tel. No. 203-573-0555	3d. Cell No. 860-601-0075	3e. Fax No. 203-573-9750	3f. E-Mail Address leslie.sheldon@all-startransportation.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Transportation	4b. Principal Product or Service Bus service for school districts	5a. City and State where unit is located: Newtown, CT
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5b. Description of Unit Involved: Included: All full-time and part-time drivers employed by the Employer in Newtown, CT. Excluded: All office clerical employees, aides, and guards, professional employees & supervisors.	6a. Number of Employees in Unit: 55	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) 11/19/19 and Employer declined recognition on or about (Date) 11/19/19 (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: 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
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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
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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) N/A, has picketed the Employer since (Month, Day, Year) N/A

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 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: **on-site**
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): Newtown Bus Yard
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12a. Full Name of Petitioner (including local name and number): United Professional Service & Employees Union (UPSEU), Local 1222	12b. Address (street and number, city, State and ZIP code): 3555 Veterans Memorial Highway, Suite H Ronknokoma, NY 11779
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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 Journeymen & Allied Trades (IUJAT)

12d. Tel. No. 1-800-833-3688	12e. Cell No. 203-915-2928	12f. Fax No. 631-738-7236	12g. E-Mail Address mgeer@upseu.org
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13a. Name and Title: Matt Geer, Regional Director	13b. Address (street and number, city, State and ZIP code): 130 Research Parkway, Suite 201, Meriden, CT 06450
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13c. Tel. No. 203-235-4485	13d. Cell No. 203-915-2928	13e. Fax No. 203-235-4507	13f. E-Mail Address mgeer@upseu.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) Matt Geer	Signature 	Title Regional Director	Date 11/20/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

FORM NLRB-502 (RC)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-252193	Date Filed 11/21/19

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-509); 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 8 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 Trail, Riverside, RI 02915
3a. Employer Representative - Name and Title: Tony Murgo/ VP of Operations	3b. Address (if same as 2b - state same): same

3c. Tel. No. 401-435-8080	3d. Cell No. 401-862-5090	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Transportation	4b. Principal Product or Service: Student	6a. City and State where unit is located: East Providence, RI
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5b. Description of Unit Involved: Included: see attachment Excluded: see attachment	6b. Number of Employees in Unit: 95	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)	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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 12/16/2019	11c. Election Time(s): TBD	11d. Election Location(s): Break room located on Commercial Way
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 251	12b. Address (street and number, city, State and ZIP code): 121 Brightridge Avenue, East Providence, RI 02914
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No. 401-434-0454	12e. Cell No. 401-965-2024	12f. Fax No. 401-431-1893	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Marc Gursky/ Attorney	13b. Address (street and number, city, State and ZIP code): 1130 Ten Rod Rd. C-207, North Kingstown, RI 02852
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13c. Tel. No. 401-294-4700	13d. Cell No. 401-580-3402	13e. Fax No. 401-294-4700	13f. E-Mail Address mgursky@rllaborlaw.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) Michael Simone	Signature 	Title Organizer/Trustee	Date 11/21/19
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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. § 161 of 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

Attachment

5b. Description of unit involved

Included: All full time and regular part-time bus aides and bus monitors employed by the employer at its 125 Commercial Way, East Providence, RI and 909 Wampanoag Trail, Riverside, RI facilities.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-251920

Date Filed
11/18/2019

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
National Trench Safety

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
49 Silva Ln
MA Dracut 01826-

3a. Employer Representative - Name and Title
Rick Buck

3b. Address (If same as 2b - state same)
49 Silva
MA Dracut 01826-

3c. Tel. No.
(978) 475-0420

3d. Cell No.
(978) 771-4209

3e. Fax No.
(978) 475-4022

3f. E-Mail Address
rickbuck@ntsafety.com

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

4b. Principal product or service
Trench Safety

5a. City and State where unit is located:
Dracut, MA

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:
7

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

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 10/25/2019 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

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
November

11c. Election Time(s):
9 am

11d. Election Location(s):
49 Silvia Lane Dracut Ma

12a. Full Name of Petitioner (including local name and number)
Christopher Leo Carey
International Union of Operating Engineers Local 4

12b. Address (street and number, city, state, and ZIP code)
16 Trotter Drive
MI Medway 02053-

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.
(508) 533-1433

12e. Cell No.
(781) 759-6169

12f. Fax No.
(508) 533-1430

12g. E-Mail Address
c.carey@iuoelocal4.org

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

13a. Name and Title
Christopher Leo Carey Organizer/ Legislative Representative
International Union of Operating Engineers

13b. Address (street and number, city, state, and ZIP code)
16 Trotter Dr.
MA Medway 02053-

13c. Tel No.
(508) 533-1433

13d. Cell No.

13e. Fax No.
(508) 533-1430

13f. E-Mail Address
c.carey@iuoelocal4.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)
Christopher Leo Carey

Signature
Christopher Leo Carey

Title
Organizer/ Legislative Representative

Date
11/12/2019 08:15:16

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

Employees Included
Drivers and Yard Workers

Employees Excluded
None

DO NOT WRITE IN THIS SPACE	
Case	Date Filed