UNITED ST					DO NOT WRITE IN THIS SPACE			
	OR RELAT		RD		Case No.	-RC-223052	Date	Filed 7/2/18
			do webelte v	casase atab	1			
INSTRUCTIONS: Unless e-File In which the employer concern	ad is loss	e Agency	s website,	<u>www.nirp.</u> st bo ocor	<u>.gov</u> , submit a	an original of this	s Petition to a	n NLRB office in the Region
of service showing service on	the emplo	wer and a	: peauon mu all other part	si de acci	d in the notify	Doin a showing i	or interest (se ition: (2) State	e 60 below) and a certificate
(Form NLRB-505); and (3) Desi	dation of	Ponroce	ntation Case	Procodu	a m ale peda me (Eorm MI	DR A P (2) The c	howing of int	ament of Position form
with the NLRB and should not	he server	on the e	malover or s	ny other	nartu	ND 4012). The S	nowing or inc	erest should only be med
1. PURPOSE OF THIS PETITION: R	-CERTIFIC	ATION OF	REPRESENTA	TIVE - A su	bstantial number	of employees wish t	o be represented	for purposes of collective
bargaining by Petitioner and Petition	ier desires t	o be certifie	d as representa	tive of the e	mplovees. The	Petitioner alleges ti	hat the followin	n circumstances exist and
requests that the National Labor 2a. Name of Employer		oard proce	2b	Address(es)	of Establishmen	it(s) involved (Street	ational Labor R and number, city	state ZIP code
From Line Bullding Berrides, Inc. and Transbrash Company LLC sto	s Featherd inn & Suit	es by Mernort as s .	John Employee 181	3rd Ave	nue, Brookl	lyn, NY 11217		Long Tot
Ja. Employer Representative - Name and Title 3b. Address (If same as 2b - state same)								
See Attachments A and B					ttachments	A and B		C/
See Attachments A and B	30.0	ell No.		3e. Fax	Na.		3f. E-Mail Add	ments A and B
4a. Type of Establishment (Factory, m	ne. wholese	ler. etc.)	4b. Principal p	roduct or se	IVICE			and State where unit is located:
Hotel and Conference Cent			Hospitality				Brookl	
5b. Description of Unit Involved		'						6a, No. of Employees in Unit;
Included: All full-time and	regula	r nart-i	time fire s	afety o	lirectors			5
								6b. Do a substantial number (30% or more) of the employees in the
Excluded: Office personnel and all of	ther employ	rees includi	ing supervisors	and guards	s as defined by th	he National Labor R	elations Act.	unit wish to be represented by the
								Petitioner? Yes 🗸 No
Check One: 7a. Request	or recognition	-	• ,		nade on (Oate) _		td Employer decl	ined recognition on or about
7b. Petitione	is currently		f no reply receiv Las Bamainina			certification under the	n áct	
Ba. Name of Recognized or Certified	Bargaining	Agent (H /	none, so state)	,	8b. Address	centreston ander m	a Act.	
None								
8c. Tel No.	8d C	ell No.		Se Fax	No.		Bf, E-Mail Add	ress
8g. Affiliation, if any				8h. Date	of Recognition or	r Certification		Date of Current or Most Recent ((Month, Day, Year)
				1			Contract, if any	(worki, Day, Tear)
9. Is there now a strike or picketing at I	ne Employe	r's establish	ment(s) involve	d? No	If so, approx	imately how many e	mployees are par	ticipating?
(Name of labor organization)			, has pi	cketed the E	Employer since <i>(I</i>	Month, Day, Year)		
10. Organizations or individuals other t	an Petition	er and those	e named in item	s 8 and 9, v	which have claim	ed recognition as rep	resentatives and	other organizations and individuals
known to have a representative interes	in any emp	loyees in th	ie unit describe	d in item 5b	above. (If none,	so state)		
10a, Name		10b. Addr	1855			10c. Tel. No.		10d, Cell No
Mana								
None						10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB con any such election.	lucis an ele	ction in this	matter, state yo	our position	with respect to	11a. Election Type	: 🔽 Manual	Mail Mixed Manual/Mail
11b. Election Date(s):			ction Time(s):			11d. Election Loca	tion(s):	
July 20, 2018			:30 am & 2:30)-3:30 pm		Room 1202		
12a. Full Name of Petitioner (includia New York Hotel & Motel Trades C			nber)			12b Address (stre 707 8th Avenue,		ity, state, and ZIP code)
12c. Full name of national or internation			which Pelition	er is an affilie	ate or constituen			
12d. Tel No.	12e. (Cell No.		12f. Fax	(No.		12g; E-Mail Ad	dress
212-245-8100		76-7902		212-977			gmartin@nyh	
13. Representative of the Petitioner					es of the repres	entation proceedin	g.	
13a. Name and Title Gideon Marti	1, Assista	int Gene	ral Counsel	13b. Ad 707 8th	idress (street and Avenue, New York	<i>i number, city, state,</i> k, NY 10036	and ZIP code)	
13c. Tel No.		Cell No.		13e, Fa			13f. E-Mail Add	
212-245-8100 x 2151 I declare that I have read the above p		76-7902	stamonte	212-977		ladas and hollof	gmartin@nyh	lc.org
		MAL CIT SE	eramente ata (rest of my know	neage and belief.		
Name (Print) Gideon Martin	Signature	an I	north	Title Assista	nt General Col	unsel	Date 6/28/2018	
WILLFUL FALSE STAT	MENTS OF	THIS PET	TTION CAN BE					E 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 Itigation. 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 GOV	-	DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELAT			Case No 29	-RC-223070	Date	Filed 7/2/	18
INSTRUCTIONS: Unless e-Filed using th		ww.nirb.			Petition to a	n NLRB o	ffice in the Region
in which the employer concerned is loc							
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 serve				- 6 l		l for ouroor	as of collective
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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Domino's Pizza 78-02 Jamaica Ave, Woodhaven, NY 11421							
3a. Employer Representative - Name and Title							
Robert Machin, District Corp. Officer		_		lage Way, 4th Fl			
	Cell No. 7) 574-9921	3e, Fax	No.		3f. E-Mail Add	ress	
4a. Type of Establishment (Factory, mine, wholes	·	oduct or se	rvice		5a. City	and State w	here unit is located:
Restaurant	Food					aven, NY	
5b. Description of Unit Involved						6a No. of	Employees in Unit:
Included: All employees at the Woodh	aven location, includin	g custor	ner service r	epresentatives a	and delivery	6h Do as	ubstantial number (30%
experts. Excluded:						or more) o	of the employees in the
All other employees in	cluding guards an	d supe	ervisors as	defined in th	e Act.		o be represented by the ? Yes ? No
Check One: 7a. Request for recognit	on as Bargaining Represent	ative was n	nade on (Date)	ar	nd Employer dec		nition on or about
	(Date) (If no reply receive					·	
	recognized as Bargaining R			certification under the	e Act.		
8a. Name of Recognized or Certified Bargainin None	g Agent (If none, so state).		8b. Address				
8c. Tel No. 8d C	ell No	8e. Fax	No.		8f. E-Mail Add	ress	
8g. Affiliation, if any		8h, Date	of Recognition o	r Certification	8i, Expiration I Contract, if an		ent or Most Recent ay, Year)
9. Is there now a strike or picketing at the Employe	r's establishment(s) involved	2 10	lf so approx	vimately how many e	molovees are na	rticipating?	
(Name of labor organization)				Month, Day, Year)	inployees are pa	incipating :	
10. Organizations or individuals other than Petition					presentatives and	d other orga	nizations and individuals
known to have a representative interest in any em						-	
None 10a. Name	10b. Address			10c. Tel. No.		10d. Cel	No.
				10e. Fax No.		10f. E-M	ail Address
11. Election Details: If the NLRB conducts an ele any such election.	ection in this matter, state you	ur position	with respect to	11a. Election Type	🖌 Manual	Mail _	Mixed Manual/Mail
11b. Election Date(s):	11c, Election Time(s):	0.20		11d. Election Loca		200	
July 20, 2018 12a, Full Name of Petitioner (including local na	3:00 to 4:30pm; 7:00 to 8	8:30pm		Break room at the 12b. Address (stre			nd ZIP code)
United Crafts and Industrial Workers Union, Loc	al 91			417 Willis Avenue			
12c. Full name of national or international labor or None	anization of which Petitione	r is an affilia	ate or constituen	t (if none, so state)			
	Cell No.	12í. Fax (516) 74			12g. E-Mail Ad	ddress	
(516) 877-9228 13. Representative of the Petitioner who will ac	cept service of all papers f			sentation proceedin	q.		
13a, Name and Title Michael Anders		13b. Ad		d number, city, state,	-	LEImsford, N	Y 10523
	Cell No.	13e Fa	x No.		13f. E-Mail Ad	dress	
(914) 592-1515 I declare that I have read the above petition and	that the statements are tr	(914) 59		ledge and belief	manderson@bi	slawfirm.com	n, dreyes@bislawfirm.com
		Title	JUSC OF THY KHOW	nouge and benet.	Date		
Michael Anderson, Esq.	2 Ac	Attorney			June 29		
WILLFUL FALSE STATEMENTS O	N THIS PETITION CAN BE	PUNISHED	BY FINE AND	IMPRISONMENT (U	.S. CODE, TITL	E 18, SECT	ION 1001)

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.

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UNITED STATES				DO NOT WRITE IN THIS SPACE			
		RD	i	Case No.	000070	Date F	
RC PE				29-RC-		<u> </u>	7/9/18
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>y</u>	www.nirb.	gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concerned is							
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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Brookhaven Memorial Hospital Medical Center see attached rider							
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)							
Patricia White, Vice President of H		urces			Patchogue, New	VYork 1177	2 (
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Addr	ess
631-654-7165						PWhite@brr	hmc.org
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal p	roduct or se	rvice			nd State where unit is located:
acute care hospital		health care				Patchog	jue, New York
5b. Description of Unit Involved							6a. No. of Employees In Unit: approximately 650
Included: see attached rider						ŀ	6b, Do a substantial number (30%
Excluded:							or more) of the employees in the
see attached rider						1	unit wish to be represented by the Petitioner? Yes V No
Check One: 7a. Request for re	comition as Barr	aining Represer	tative was n	nade on (Date)		Employer decli	ined recognition on or about
		(If no reply recei					
7b. Pelilioner is cu					certification under the	Act.	
8a. Name of Recognized or Certified Barg	aining Agent (//	f none, so state,).	8b. Address			
None 8c. Tel No.	8d Cell No.		8e. Fax	No	r	8f. E-Mail Addr	228
BC. TEINO.	du Gentio.						
8g. Affiliation, if any			8h. Date	of Recognition or	Certification		ate of Current or Most Recent
			1			Contract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at the Er	nolover's establis	hment(s) involve	d? No	If so, approx	imately how many em	plovees are par	ticipating?
(Name of labor organization)							
10, Organizations or individuals other than F							other organizations and individuals
known to have a representative interest in a	ny employees in	the unit describe	d in item 5b	above. (If none,	so state)		
None		· · · · <u>- · - · · · · · · · · · · · · ·</u>			······		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
	1				10e, Fax No.	•, · · - , - ·	10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in thi	s matter, state y	our position	with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. El	ection Time(s):			11d. Election Locati	on(s):	
July 25 or 26, 2018		ached rider			see attached rider		
12a. Full Name of Petitioner (<i>Including loc</i> 1199 SEIU United Healthcare Workers Ea	st				100 Duffy Ave, Suite		ity, state, and ZIP code) ville, NY 11801 attn: Rafael Justo
12c. Full name of national or international la Service Employees International Union	bor organization	of which Petition	er is an affili	ate or constituen	t (il none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax	x No.		12g. E-Mail Ad rafael.justo@1	
13. Representative of the Petitioner who	will accept servi	ce of all papers	for purpos	es of the repres	entation proceeding	•	
^{13a, Name and Title} William S. M	lassey, E	sq.			d number, city, state, a LLP, 817 Broadway 6th F		
13c. Tel No.	13d. Cell No.		13e. Fa	x No.		13f. E-Mail Add	
212-228-7727	<u>.</u>		212-228			wmassey@grm	iny.com
I declare that I have read the above petition		statements are		best of my know	viedge and belief.		
	nature -	ar/	Title Attorney			Date July 6, 2014	a 1
William S. Massey WILLFUL FALSE STATEMEN	ITS ON THIS PE	TITION CAN BE			IMPRISONMENT (U.		

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.

<u>Rider</u>

2b. Addresses of the Establishments involved:

101 Hospital Road, Patchogue, New York 11772 (main hospital building)

100 Hospital Road, Patchogue, New York 11772

Women's Imaging Center, 285 Sills Road, East Patchogue, New York

Swezey Pavilion, 103-109 West Main Street, Patchogue, New York 11772

5b. Description of Unit Involved:

<u>Included</u>: All full-time and regular part-time, including per-diem*, service and maintenance employees employed by the Employer at the main hospital building, 101 Hospital Road, Patchogue, NY; 100 Hospital Road, Patchogue, NY; Women's Imaging Center, 285 Sills Road, East Patchogue, NY; and Swezey Pavilion, 103-109 West Main Street, Patchogue, NY.

*Eligible to vote are all employees in the unit who worked an average of at least 4 hours per week for the 13 weeks preceding the eligibility date.

<u>Excluded:</u> All other employees, professional employees, technical employees, skilled maintenance employees, business office clerical employees, any employees currently represented by Brookhaven Memorial Federation of Nurses and Health Professionals or by Local 111, International Brotherhood of Teamsters, MIS/IT personnel; quality control personnel; confidential employees, guards and supervisors as defined in the Act.

11c. & 11d. Proposed Election Times and Locations:

Poll 1: the Hospital's trailer A or B, 101 Hospital Road, Patchogue, NY (main hospital building) 6:30 a.m. - 8:00 a.m.; 12:00 p.m. (noon) - 1:30 p.m.; 2:30 - 4:00 p.m.; and 6:30 - 7:30 pm

Poll 2: Swezey Pavilion, 103-109 West Main Street, Patchogue, New York 11772 12:00 p.m. (noon) – 3:00 p.m.

	ATES GOVERNMENT			DO NO	T WRITE IN THI	S SPACE		
RC P	ETITIONS BOA			P-RC-223470		Filed 7/11/18		
INSTRUCTIONS: Unless e-Filed	l using the Agenc	y's website, wi	ww.nirb.gov, submit a	an original of this	Petition to a	an NLRB office in the Region		
in which the employer concern	ed is located. Th	e petition must	be accompanied by	both a showing of	of interest (se	ee 6b below) and a certificate		
of service showing service on t	he employer and	all other partie	s named in the petition	on of: (1) the peti	tion; (2) State	ement of Position form		
(Form NLRB-505); and (3) Desc	ription of Repres	entation Case I	Procedures (Form NL	RB 4812). The s	howing of in	terest should only be filed		
with the NLRB and should <u>not</u> be served on the employer or any other party.								
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION OF	REPRESENTAT	VE - A substantial number	r of employees wish t	o be represente	d 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)								
2a. Name of Employer	· .			nt(s) involved (Street	and number, cit	y, State, ZIP code)		
JVK Operations, LTD 3a. Employer Representative - Name	and Tilla	Ň	30 New Hwy Y Amityville 11701-1117	o Ob _ elate e enal				
	and me		3b. Address (If same a 130 New Hwy NY Amityvile 117					
Vinny Samuel 3c. Tel. No.	3d. Cell No.		NY Amilyville 117 3e. Fax No.	01-1117	3f. E-Mail Add	iraze		
	SG. CEI NO.		Je. Fax NO.		JI. E-Wall Add	ness		
(631) 226-8908 4a. Type of Establishment (Factory, mil	ne wholeseler etc)	4b. Principal pro	fuct or service		5a City	and State where unit is located:		
Services	no, wholosoloi, ele.j	40. Third par pro	Linens		Oa. Ony	Amityville, NY		
5b. Description of Unit Involved					l	6a. No. of Employees in Unit:		
Included: See Attached Page 2 for as	ditional data la					220		
included. See Anached Page 2101 at	Id Sonal Qate S					6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for ad						or more) of the employees in the unit wish to be represented by the		
Excluded: See Attached Page 2 for ad	ia tional deta 's					Petitioner? Yes [17] No [1]		
Check One: 7a. Request f	or recognition on Para	nining Poprepanta	live was made on (Date)		d Employer dec	lined recognition on or about		
check one. Ind. Nequest		lif no reply receive		di	in Employer dec	and recognition of or about		
7h Petitoner			epresentative and desires	certification under the	Act			
8a. Name of Recognized or Certified								
Laundry Distribution and Food Service J	oint Board, Workers L	inited Wilfredo Lan	ancuent 18 Washin	oton Pl 07102-3106				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress		
(201) 422-0900				O	Di Gualantian I			
8g. Affiliation, if any			8h. Date of Recognition of	Generication		Date of Current or Most Recent y (Month, Day, Year)		
SEIU						08/31/2016		
9. Is there now a strike or picketing at the								
(Name of labor organization)	1	, has pick	eted the Employer since (/	Month, Day, Year)				
10. Organizations or individuals other th								
known to have a representative interest	in any employees in t	he unit described i	n item 5b above. (If none,	so state)				
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Ce'l No.		
				10e, Fax No.		10f. E-Mail Address		
				100.7 87 110.		In Lind Hadrood		
 Election Details: If the NLRB cond any such election. 	ucts an election in this	s matter, state your	r position with respect to	11a. Election Type	Manual _	Mail Mixed Manual/Mail		
145 Election Date(s):	11c. Ele	ection Time(s):		11d. Election Local	ion(s):			
7/30/18	8am - 1	0am; 4pm-6pm		Cafeteria				
12a. Full Name of Petitioner (includin	g local name and nu	mber)				ity, state, and ZIP code)		
Josh Gottlieb BAT Local Union 514				777 Westchester Av	0604-3520			
12c. Full name of national or internation Brotherhood of Amalgamated Trades	al labor organization o	f which Petitioner	s an affiliate or constituent	t (if none, so state)				
12d. Tel No.	12e, Cell No.		12f. Fax No.	1	12g. E-Mail Ad	dress		
914) 705-5488	120, 001110.		i all i dia tao		jgottijeb@local	union514.com		
13. Representative of the Petitioner w	ho will accept servic	e of all papers fo	r purposes of the represe	entation proceeding	J.			
13a. Name and Title		1	13b. Address (street and	number, city, state,	and ZIP code)			
						•		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	ress		
I declare that I have read the above po	etition and that the s	tatements are tru		leage and belief.				
Name (Print)	Signature		Title President		Date	/0/18		
Iosh Gottlieb WILLFUL FALSE STATE	Josh Gottlieb	UTION CAN DE D	President	MODISONMENT AL		9/18		
WILLFUL FALSE STATE	MENTS ON THIS PET		UNISHED BY FINE AND I	MERIOUMENT (U:	a. CODE, MILE	To, Section (001)		

-____.

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.

D	NOT WRITE IN T	HIS SPACE
Case	Date	Filed
29-RC	-223470	7/11/18

Attachment

Employees Included

All full time and regular part time production and maintenance workers, mechanics, drivers, and driver helpers.

Employees Excluded

All other employees, included but not limited to engineers, clerical, supervisors, managers, and guards as defined by the Act.

	S GOVERNMEN			DO NOT	WRITE IN THIS		
NATIONAL LABOR		ARD	Case No.	D.C. AAA (A)	Date		
	TITION			9-RC-223484		7/11/18	
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned				•		,	
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 <u>not</u> 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 represented ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Sireet and Humber, etcy, state, 2h ² code) United Security, Inc. 40 Shrewsbury Ave NJ Red Bank 07701-1130							
Onlied Security, Inc. NJ Red Bank 07701-1130 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)							
Christine Gelatt			40 Shrewsbury Av NJ Red Bank 0770				
3c. Tel. No.	3d. Cell No.		NJ Red Bank 0//0 3e. Fax No.	01-1130	3f. E-Mail Add	ress	
(732) 268-7180	ou. con no.		(732) 268-7179		Cgelatt@usisecu		
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal pro				and State where unit is located:	
Security Systems & Services			Security Protection	n		Holtsville, NY	
5b. Description of Unit Involved			,			6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal details					40	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	nal dataila					or more) of the employees in he unit wish to be represented by the	
EXCLUDED: See Attached Page 2 for addition	nal details					Petitioner? Yes [No []	
Check One: 7a. Request for n	ecognition as Bar	gaining Representa	tive was made on (Date)	an	d Employer dec	lined recognition on or about	
	-	(If no reply receive					
7 b. Petitioner is o			epresentative and desires	certification under the	Act.		
	8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Special and Superior Officers Reprodent Association Ronald Fedrizzi 199 N Wellwood Ave						
8c. Tel No.	8d Cell No.		8e. Fax No.	hurst 11757	8f. E-Mail Add	ress	
(631) 587-9116							
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent y (<i>Month, Day, Year</i>) 09/29/2018	
9. Is there now a strike or picketing at the E	Employer's establi	shment(s) involved	? No If so, approx	imately how many en	nployees are pa	rticipating?	
(Name of labor organization)			eted the Employer since (I	Month Day Year)			
			• • •				
10. Organizations or individuals other than known to have a representative interest in a					resentatives and	o other organizations and individuals	
10a. Name	10b. Ac	Idress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct	s an election in th	iis matter, state you	r position with respect to	11a. Election Type	: 📃 Manual 💽	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca	ion(s):		
TBD	TBD			Mail ballots			
12a. Full Name of Petitioner (including le Guy James Federal Contract Guards of America				445 Park Ave NY New York 10022	et and number, o	city, state, and ZIP code)	
12c. Full name of national or international l None	abor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)			
12d. Tel No. (212) 541-3753	12e. Cell No. (631) 983-7972	,	12f. Fax No. (917) 322-2105		12g. E-Mail Ad gfjames@fcgo	ldress a.com	
13. Representative of the Petitioner who	· · /		· · ·	entation proceeding	1.		
13a. Name and Title			13b. Address (street and		-		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress	
I declare that I have read the above petit	ion and that the	statements are tru	le to the best of my know	ledge and belief.			
	ignature		Title		Date		
ouj ounco	uy James		President		07/9/2018		
WILLFUL FALSE STATEME	ENTS ON THIS P	ETITION CAN BE F	PUNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE, TITL	E 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	29-RC-223484	7/11/18

Employees Included

All full-time and regular part-time protective security officers performing guard duties, as defined by Section 9(b)(3) of the National Labor Relations Act, as amended, for the employer at various government agencies across Long Island, NY.

Employees Excluded

All other employees, including administrative, clerical, supervisors, and non-guards, as defined by the NLRA.

FORM NLRB-502 (RC)	UNITED ST	ATES OF AMERIC	A		DO NOT WRITE IN THIS SPACE				
(2-18)		DR RELATIONS BO	DARD		Case No. 29-	RC-224466		Date Filed 7/26/18	
INSTRUCTIONS: Unless e-Filed a employer concerned is located. T the employer and all other partie Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied l tition of: (1) the p	by both a si etition: (2) \$	howing of Interest (s Statement of Position	ee 6b belo n form (Fo	ow) and a certifica orm NLRB-505): ar	te of service sho (d (3) Description	wing service on of Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desires to be	certified as repres	entative of I	the employees. The P	etitioner a	illeges that the fol	lowing circumsta	ances exist and	
2a. Name of Employer: Boro-Wide Recycling Corpo	ration			Establishment(s) involuce, Maspeth, NY	•	et and number, City	, State, ZIP code,):	
3a. Employer Representative - Name and Title: 3b. Add Mike Christina Same				ne as 2b - slate same;):				
3c. Tel. No. (718) 416-1656	3d. Cell No. 3e. Fax No.			3f. E	E-Mail Address				
4a. Type of Establishment (Factory, Waste Management Services		elc.)	4b. Princip Recyclir	pal Product or Service 19		5a. City ar Maspeth	nd State where un	it is located:	
5b. Description of Unit Involved:						6a, Numb	er of Employees in	n Unit:	
All full-time and regular part-til Excluded:	me employees					30		(0.0)	
Clerical and professional emp		· ·				of the contract of the contrac	ubstantial number employees in the rented by the Petiti	unit wish to be oner? X Yes No	
Check One: 7a. Request for red on or about (Date) 7b. Petitioner is cu		(If no reply r	eceived, so	state).	n under lh		declined recogniti	DN	
8a. Name of Recognized or Certifi	ed Bargaining Age	ent (If none, so sla	te) 8b. A	ddress;			a		
League of International Fed 890				73rd Street, Broc	klyn, NY	Y 11209			
8c. Tel. No.	8d. Cell No.	· · · · · · · · · · · · · · · · · · ·	8e. Fax N	0.	8f. E	-Mail Address			
(718) 238-2399					l l				
8g. Affiliation, it any:		8	h. Date of R	lecognition or Certifica	ation 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/13/18				
9. Is there now a strike or picketing a	it the Employer's es	tablishment(s) invo	olved? No	If so, appro:	kimately ho	ow many employee	s are participating	?	
(Name of Labor Organization)					, has picketed the Employer since (Month, Day, Year)				
10. Organizations or individuals othe individuals known to have a representation of the second seco							es and other orga	nizations and	
10a, Name	105.4	ddress			100	Tel. No.	10d. Cell No.		
	100.7	duiess			100.	161. NO.	100. Cen 110.		
					10e.	Fax No.	10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co	oducts and election	in this matter stal	e your nosi	tion with respect to an		ction: 11a Electio	n Type:		
The decision betails. If the field bo		ini ina mater, ata	ie your posi		3 3001 000	[X] Manua		Mixed Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):		aðar	11d.	Election Location(s):		
August 6, 2018		10AM and 12P	M-4PM			npany facility			
12a. Full Name of Petitioner (includ Waste Material, Recycling an 108			s' Local	12b. Address (street 121 E. 24th Stre					
12c. Full name of national or internat Laborers' International Union c	-		ioner is an é	affiliate or constituent (il none, so	o slate):			
12d. Tel. No. (212) 925-9634	12e. Cell No.		12f. Fax N	lo.	12g.	E-Mail Address			
13. Representative of the Petitione	r who will accept	service of all pap			-	-			
13a, Name and Tille:	incol			ess (street and numbe Avenue, Suite 65		-	8		
Tamir Rosenblum, Esq., Cou Mason Tenders District Cou		NY	020 001	Avenue, oune ot	JU, NEW		•		
13c. Tel. No.	13d, Cell No.		13e, Fax N	No.	13f. 1	E-Mail Address			
(212) 452-9451	(646) 734-920	Ð				enblum@maso	ntenders.org		
I declare that I have read the above	potition and that		re true to th	he best of my knowle		belief.			
Name (Print)		Signature		140	Title			Date 7/22/19	
Tamir W Rosenblum		Vin		IKS	Counse	31		7/23/18	

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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB with 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 NURB-502 (RC)	UNITE	D.	TES OF AMER	ICA]	DO NOT WRITE IN THIS SPACE				DE
(2-18)	NATIONAL		R RELATIONS PETITION	BOARD		-	Case	9-RC-22	24584		e Filed /30/18
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition is named in t	must h he pet	e accompanie ition of: (1) the	d by both petition	h a sh ; (2) S	owing of interest (s tatement of Position	see 6b n forn	i below) and n (Form NLF	a certificat RB-505); an	e of service showir d (3) Description of	ig service on Representation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Labo	ioner desires	s to be	certified as repr	esenlativ	e of th	e employees. The P	etitio	ner alleges t	hat the foll	owing circumstanc	
2a. Name of Employer: Empire State Cardboard Pap	per Recyc	ling C				Establishment(s) invo ce, Maspeth, NY		•	umber, City,	, State, ZIP code):	
3a. Employer Representative - Nar Mike Christina	ne and Tille;		зь. / Sar		'if sam	e as 2b - slale same,					
	3d, Cell No				ax No	• ,		31. E-Mail A			
(718) 416-1656	a, Celi No			3C. F	ax No	l.		SI, E-IMan M	ooress		
4a. Type of Establishment (Factory, i	mine, wholes	saler, e	lc.)	4b. P	rincip	al Product or Service			5a, City an	d State where unit is	localed:
Waste Management Services				Rec	cyclin	g.			Maspeth	, NY	
5b. Description of Unit Involved:									6a. Numbe	r of Employees in U	nit:
Included:									9		
All full-time and regular part-tin	ne employ	ees							Ch. Do p.e.	ubstantial number (3	
Excluded: Clerical and professional empl	loyees; gu	ards;	supervisors						of the e	inployees in the unit inted by the Petition	wish to be
Check One: 7a, Request for rec on or about (Date)		Bargair	ning Representa (If no repl					and		leclined recognition	
7b. Petitioner is cu		nized a		-			on und	der the Act.			
8a. Name of Recognized or Certifie						dress:					
League of International Fede	erated Em	ploye	es (LIFE) Lo	ocal	325	73rd Street, Broo	oklyn	n, NY 1120)9		
Bc. Tel, No.	Bd, Cell No		·····		ax No	······	7	8f. E-Mail A	ddress		
(718) 238-2399				00.1	0,7,110	-					·
8g. Attitiation, if any:	ł		******	8h. Date	e of Re	ecognition or Certifica	ation	8i. Expiratio Recent Con	n Date of Cu tract, if any	irrent or Most (Month, Day, Year)	10/13/18
9. Is there now a strike or pickeling a	I the Employ	er's es	lablishment(s) i	nvolved?)	lí so, appro	oximat	ely how man	y employee:	s are participating?	:
(Name of Labor Organization)							.1	has picketed	the Employe	er since (Month, Day	r, Year)
10, Organizations or individuals other individuals known to have a repre								•••		es and other organiz	alions and
10a. Name		10b. A	ddress		•	<u> </u>		10c. Tel, No).	10d. Cell No.	
	. '							10e. Fax No).	10f. E-Mail Address	· · · · · · · · · · · · · · · · · · ·
11. Election Details: If the NLRB co	inducts and o	election	in this matter, s	stale you	r posit	ion with respect to ar	ny suc	ch election:	11a. Election	1 Туре:	
					-		,		Manua		ixed Manual/Mail
11b. Election Date(s): August 6, 2018			lection Time(s): -10AM and 12		DNA .			11d, Electio Company		ж.	
12a. Full Name of Petitioner (includ Waste Material, Recycling at 108	•	ne and	number):			12b. Address (stree 121 E 24th Stre		number, cily,	State and 2		
12c. Full name of national or internat	ional labor o	rganiza	ation of which Pe	etitioner i	is an a	fitiate or constituent	(il nói	ne, so stale):			
12d. Tel. No.	12e. Cell N	o [.]	· · · ·	100	Fax N	0	·1	12g. E-Mail	Address		
212-925-9634	126. 061 1	0,		127.1				129. 210000	7441635		
43. Representative of the Petitione	I er who will a	ccept	service of all p	apers lo	r purp	loses of the represe	entatio	on proceedi	ng.		
13a. Name and Tille:			r	13b.	Addre	ess (street and numbe	er, cih	y, State and .	ZIP code):		
Tamir Rosenblum, Esq., Cou				520) 8lh	Avenue, Suite 6	50, 1	New York,	NY 1001	8	
Mason Tenders District Cour			NY.					<u>`</u>			
13c. Tel. No.	13d, Cell N			13c.	Fax N	lo.		13f. E-Mail			
212-452-9451	646-734-								m@masor	nlenders.org	
I declare that I have read the above Name (Print)	e petition ar	nd that	the statement	s are tru	e to li	ie best of my knowl	ledge Title				Date
Tamir W Rosenblum						/KS		ounsel			7/27/2018
			10				_ <u></u>				

- <u>-</u>___

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

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 itiligation. 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.

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FORM NLRB-502 (RD) (8-16)	UNITED STATES OF AM NATIONAL LABOR RELATIO		Case No.		ate Filed		
2	RD PETITION		29-RD-223400		7/10/18		
employer concerned is locate employer and all other parties	ed. The petition must be accomp s named in the petition of:(1) the	<u>ww.nlrb.gov</u> , submit an original o anied by both a showing of intere petition; (2) Statement of Position should only be filed with the NLR	est (see 7 below) and a certific n form (Form NLRB-505); and	ate of service showi (3) Description of Re	ing service on the epresentation		
recognized bargaining represe	entative is no longer their represent	OVAL OF REPRESENTATIVE) - A ative. The Petitioner alleges that the rsuant to Section 9 of the Nationa	he following circumstances ex				
2a. Name of Employer JVK Operations Ltd.		2b. Address(es) of Establishment(130 New Highway, Amity		city, state, ZIP code)	1		
3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state name) Vinny Samuel same							
3c. Tel. No. 3d. Fax No. 3e. Cell No. 3f. E-Mail Address (631)226-8908 (631)226-8907 3e. Cell No. 3f. E-Mail Address							
4a. Type of Establishment <i>(Factor</i> Industry Laundry	ry, mine, wholesaler, etc.)		4b. Principal product or service Laundry Services	,			
5a. Description of Unit Involved			· · · · · · · · · · · · · · · · · · ·	5b. City and St			
Included: Production and maintenan	ce workers, mechanics, dri	vers, and driver helpers	,	is located: Amityville,			
Excluded: engineers, office clericals,	managers, guards and supe	rvisors					
6. No. of Employees in Unit 190	 Do a substantial number recognized bargaining r 	r (30% or more) of the employees in epresentative? X Yes No	the unit no longer wish to be re	presented by the certi	tified or currently		
8a. Name of Recognized or Certif Laundry Dist. and Food S	ied Bargaining Agent ervice Jt. Bd., Workers Uni	ted, Affiliated with SEIU	8b. Affiliation, if any SEIU				
BC. Address	r Hrghway, Ne	8d. Tel. No.	8e. Cell No.	, <u> </u>			
NJ 07102	r inghway, Ne		8g. E-Mail Address				
9. Date of Recognition or Certifica	ation	10. Expiration Date of Current or M	оst Recent Contract, if any (Мо	nth, Day, Year)			
			· · · · · ·	-			
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes XNo 11b. If so, approximately how many employees are participating?							
			The in so, approximately now n				
	eted by or on behalf of (Insert Nan				labor organization, of		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of 	eted by or on behalf of (Insert Name), ther those named in items 8 and 11	c, which have claimed recognition a	sinc	a l e (Month, Day, Year)	labor organization, of		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of 	eted by or on behalf of (Insert Name), ther those named in items 8 and 11	ne)	sinc	a l e (Month, Day, Year)	labor organization, of		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of and individuals known to have 	eted by or on behalf of (Insert Name ther those named in items 8 and 11 a a representative interest in any en	c, which have claimed recognition a	sinc s representatives and other org n 5 above. (If none, so state)	a l e (Month, Day, Year) anizations	labor organization, of		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of and individuals known to have 12a. Name 13. Election Details: If the NLRE 	eted by or on behalf of <i>(Insert Name)</i> ther those named in items 8 and 11 a representative interest in any en 12b. Address 3 conducts an election in this	c, which have claimed recognition a nployees in the unit described in iter	sinc s representatives and other org <u>n 5 above. (<i>if none, so state</i>)</u> 12c. Tel. No.	a I e (Month, Day, Year) anizations 12d. Fax No. 12f. E-Mail Address	labor organization, of		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of and individuals known to have 12a. Name 	eted by or on behalf of <i>(Insert Name</i>) ther those named in items 8 and 11 a representative interest in any en 12b. Address 3 conducts an election in this a respect to any such election. 13c. Election Tim	c, which have claimed recognition a nployees in the unit described in iter	sinc s representatives and other org <u>n 5 above. (If none, so state)</u> 12c. Tel. No. 12e. Cell No.	a I e (Month, Day, Year) anizations 12d. Fax No. 12f. E-Mail Address	labor organization, of		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of and individuals known to have 12a. Name 13. Election Details: If the NLRE matter, state your position with 	eted by or on behalf of <i>(Insert Name</i>) ther those named in items 8 and 11 a representative interest in any en 12b. Address 3 conducts an election in this a respect to any such election. 13c. Election Tim	c, which have claimed recognition a nployees in the unit described in iter	sinc s representatives and other org n 5 above. (<i>If none, so state</i>) 12c. Tel. No. 12e. Cell No. 13a. Election Type: Manual	a I e (Month, Day, Year) anizations 12d. Fax No. 12f. E-Mail Address	labor organization, of		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of and individuals known to have 12a. Name 13. Election Details: If the NLRE matter, state your position with 13b. Election Date(s) 14. Eull Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street, and number, 	eted by or on behalf of <i>(Insert Name</i>) ther those named in items 8 and 11 a representative interest in any en 12b. Address 3 conducts an election in this in respect to any such election. 13c. Election Tim Tulio	c, which have claimed recognition a nployees in the unit described in iter	sinc s representatives and other org n 5 above. (<i>If none, so state</i>) 12c. Tel. No. 12e. Cell No. 13a. Election Type: Manual	a I e (Month, Day, Year) anizations 12d. Fax No. 12f. E-Mail Address	labor organization, of		
 11c. The Employer has been picked (Insert Address) 12. Organizations or individuals of and individuals known to have and individual known to have and individuals known to have and individuals known	eted by or on behalf of <i>(Insert Name</i>) ther those named in items 8 and 11 a representative interest in any en 12b. Address 3 conducts an election in this in respect to any such election. 13c. Election Tim Tulio	c, which have claimed recognition a nployees in the unit described in iter ne(s)	sinc s representatives and other org n 5 above. (<i>If none, so state</i>) 12c. Tel. No. 12e. Cell No. 13a. Election Type: Manual 13d. Election Location(s) 14b. Tel. No.	a I e (Month, Day, Year) anizations 12d. Fax No. 12f. E-Mail Address Mail Min 14c. Fax No.	labor organization, of ixed Manual/Mail		
 11c. The Employer has been pick (Insert Address) 12. Organizations or individuals of and individuals known to have 12a. Name 13. Election Details: If the NLRE matter, state your position with 13b. Election Date(s) 14. Eull Name of Patitioner (b) (6), (b) (7)(C) 14a. Address (Street, and number, (b) (6), (b) (7)(C) 	eted by or on behalf of <i>(Insert Name</i>) ther those named in items 8 and 11 a representative interest in any en 12b. Address 3 conducts an election in this in respect to any such election. 13c. Election Tim Tulio	c, which have claimed recognition a nployees in the unit described in iter ne(s)	sinc s representatives and other org n 5 above. (<i>If none, so state</i>) 12c. Tel. No. 12e. Cell No. 13a. Election Type: Manual 13d. Election Location(s) 14b. Tel. No.	a I anizations 12d. Fax No. 12f. E-Mail Address	labor organization, of ixed Manual/Mail		
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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, 2005). 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.

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	TATES GOVERN			- Cc	DO se No.		N THIS SPACE
	PETITIC				se no. 29–RD–22404		Filed 7/20/18
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>w</u>		mit a	n original of this	Petition to a	an NLRB office in the Region
in which the employer concerned i							
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should not be served on the employer or any other party.							
1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) GATEWAY SECURITY /Group One JFK Airport, Building 14, Jamaica, NY 11430 (work site involved)							
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) 604 -608 Market St, Newark, NJ 07105-2911 (corporate office)							
3c. Tel. No.	3d. Cell No.		604 -608 Market 3e. Fax No.	t St,	Newark, NJ 0710	5-2911 (corp 3f. E-Mail Add	
(973)802-5381			(973)802-6000				
4a. Type of Establishment (Factory, mine, w Customer service provider	vholesaler, etc.)	4b. Principal pro Customer serv	duct or service vice and ground tra	nspo	ortation	5a. City Queen:	and State where unit is located: s, NY
5b. Description of Unit Involved		I		-			6a. No. of Employees in Unit:
Included: All full-time and regular p	art-time custor	ner service repr	esentatives				96 6b. Do a substantial number (30%
Excluded: All managers, secretaries,	guards and sur	ervisors as defi	ned in the National	l Lab	or Relations Act.		or more) of the employees in the unit no longer wish to be
							represented by the certified or currently recognized bargaining
							representative? Yes [x] No
					5. S.		
Check One: 7a. Request for re		aining Representa (If no reply receive	ative was made on (Da d. so state).	ate)_	ar	id Employer dec	clined recognition on or about
	urrently recognize		epresentative and des		certification under the	e Act.	
8a. Name of Recognized or Certified Bar Local 74 United Service Workers Ur			8b. Addre 36-36 3		Street, Long Islan	d City, NY 11	, 1106
8c. Tel No.	8d Cell No.		8e. Fax No.			8f. E-Mail Add	
(646)379-0355 8g. Affiliation, if any			(718)361-5931 8h. Date of Recogniti		Certification		Date of Current or Most Recent
						Contract, if ar	ny (Month, Day, Year)
9. Is there now a strike or picketing at the E (Name of labor organization)	mployer's establis		? <u>No</u> If so, eted the Employer sin	•••	• •	employees are	participating?
10. Organizations or individuals other than t	hose named in it	ems 8 and 9, which	have claimed recogn	nition	as representatives a	nd other organi	zations and individuals known to
have a representative interest in any employ	yees in the unit d	escribed in item 5t	above. (If none, so s	state)			
10a. Name	10b. Ad		a Jaland City NIX		10c. Tel. No.		10d. Cell No.
Local 74 United Service Workers Un	10n 30-30	55rd Street, Lon	ig Island City, NY		(646)379-0355 10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts		is matter, state voi	ir position with respec	tto	(718)361-5931	a a Manual	Mail Mixed Manual/Mail
any such election.			a position with respec		11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s):	11C. E	ection Time(s):					
12a. Full Name of Petitioner (b) (6), (b) (7)(C)					(b) (6), (b) (et and number 7)(C)	city state and ZIP code)
12c. Full name of national or international la	abor organization	of which Petitione	r is an affiliate or const	tituen			
NONE 12d Tol No (b) (6), (b) (7)(C)	12e. Cell No.		12f. Fax No.			12g. E-Mail A	ddress
(D) (O), (D) (7)(C) 13. Representative of the Petitioner who	will accord accord	on of all papars f		oproc	antation proceeding		
13. Representative of the Petitioner who 13a. Name and Title	will accept serv	ice of all papers f	13b. Address (stree	et and	d number, city, state,		
13c. Tel No.	13d. Cell No.	-	SAME AS ABC 13e. Fax No.	IVE		13f. E-Mail Ad	
SAME AS ABOVE I declare that I have read the above petiti	SAME AS A		SAME AS ABC		viedge and belief	SAME AS	ABOVE
) (6), (b) (7)(Title	Allow	neuge and benet.	Date	1.1.0
(b) (6), (b) (7)(C)			An Individual			07/	112/18
WILLFUL FALSE STATE). (b) (7)(C)				IMPRISONMENT (U	J.S. CODE, TITI	LE 18, SECTION 1001)
Solicitation of the information on this form is a	uthorized by the Na		VACY ACT STATEME ons Act (NLRA), 29 U.S		151 et seq. The princ	ipal use of the in	formation is to assist the National Labor

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.