

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **29-RC-223052** Date Filed **7/2/18**

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 **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**
From Line Building Services, Inc. and Trustborn Company LLC dba: Farthest Inn & Suites by Marriott as a Joint Employer **181 3rd Avenue, Brooklyn, NY 11217**

3a. Employer Representative - Name and Title **3b. Address (If same as 2b - state same)**
See Attachments A and B **See Attachments A and B**

3c. Tel. No. **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**
See Attachments A and B **See Attachments A and B**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **4b. Principal product or service** **5a. City and State where unit is located:**
Hotel and Conference Center **Hospitality Services** **Brooklyn, NY**

5b. Description of Unit involved **6a. No. of Employees in Unit:**
Included: All full-time and regular part-time fire safety directors. **5**
Excluded: Office personnel and all other employees including supervisors and guards as defined by the National Labor Relations Act. **6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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**
None

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.**
None **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): **11c. Election Time(s):** **11d. Election Location(s):**
July 20, 2018 **6:30 - 7:30 am & 2:30-3:30 pm** **Room 1202**

12a. Full Name of Petitioner (including local name and number) **12b. Address (street and number, city, state, and ZIP code)**
New York Hotel & Motel Trades Council, AFL-CIO **707 8th Avenue, New York, NY 10036**

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


12d. Tel No. **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address**
212-245-8100 **646-276-7902** **212-977-4550** **gmartin@nyhtc.org**

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)**
Gideon Martin, Assistant General Counsel **707 8th Avenue, New York, NY 10036**

13c. Tel No. **13d. Cell No.** **13e. Fax No.** **13f. E-Mail Address**
212-245-8100 x 2151 **646-276-7902** **212-977-4550** **gmartin@nyhtc.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) **Signature** **Title** **Date**
Gideon Martin  **Assistant General Counsel** **6/28/2018**

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-223070	Date Filed 7/2/18
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Domino's Pizza		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 78-02 Jamaica Ave, Woodhaven, NY 11421	
3a. Employer Representative - Name and Title Robert Machin, District Corp. Officer		3b. Address (If same as 2b - state same) 820 Concourse Village Way, 4th Fl., Bronx, NY 10451	
3c. Tel. No.	3d. Cell No. (917) 574-9921	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Restaurant		4b. Principal product or service Food	
5a. City and State where unit is located: Woodhaven, NY		6a. No. of Employees in Unit:	
5b. Description of Unit Involved Included: All employees at the Woodhaven location, including customer service representatives and delivery experts. Excluded: All other employees including guards and supervisors as defined in the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): July 20, 2018	11c. Election Time(s): 3:00 to 4:30pm; 7:00 to 8:30pm	11d. Election Location(s): Break room at the Woodhaven store
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12a. Full Name of Petitioner (including local name and number) United Crafts and Industrial Workers Union, Local 91	12b. Address (street and number, city, state, and ZIP code) 417 Willis Avenue, Williston Park, NY 11596
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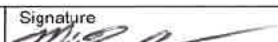
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
None

12d. Tel No. (516) 877-9228	12e. Cell No.	12f. Fax No. (516) 742-5592	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 Michael Anderson, Esq.		13b. Address (street and number, city, state, and ZIP code) Barnes, Iaccarino & Shepherd, LLP 258 Saw Mill River Road, Elmsford, NY 10523	
13c. Tel No. (914) 592-1515	13d. Cell No.	13e. Fax No. (914) 592-3213	13f. E-Mail Address manderson@bislawfirm.com, dreyes@bislawfirm.com

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

Name (Print) Michael Anderson, Esq.	Signature 	Title Attorney	Date June 29, 2018
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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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-223263 Date Filed 7/9/18

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 Brookhaven Memorial Hospital Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) see attached rider	
3a. Employer Representative - Name and Title Patricia White, Vice President of Human Resources		3b. Address (If same as 2b - state same) 101 Hospital Road, Patchogue, New York 11772	
3c. Tel. No. 631-654-7165	3d. Cell No.	3e. Fax No.	3f. E-Mail Address PWhite@bmhmc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) acute care hospital		4b. Principal product or service health care	
5b. Description of Unit Involved Included: see attached rider Excluded: see attached rider		5a. City and State where unit is located: Patchogue, New York	
		6a. No. of Employees in Unit: approximately 650	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): July 25 or 26, 2018	11c. Election Time(s): see attached rider	11d. Election Location(s): see attached rider
12a. Full Name of Petitioner (Including local name and number) 1199 SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 100 Duffy Ave, Suite 300W, Hicksville, NY 11801 attn: Rafael Justo	

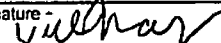
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address rafael.justo@1199.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title William S. Massey, Esq.		13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & Maginniss, LLP, 817 Broadway 8th FL., NY, NY 10003	
13c. Tel. No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address wmassey@grmny.com

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

Name (Print) William S. Massey	Signature 	Title Attorney	Date July 6, 2018
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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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Rider

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:

Included: 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.

Excluded: 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
29-RC-223470	7/11/18

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

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

2a. Name of Employer JVK Operations, LTD		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 130 New Hwy NY Amityville 11701-1117	
3a. Employer Representative - Name and Title Vinny Samuel		3b. Address (if same as 2b - state same) 130 New Hwy NY Amityville 11701-1117	
3c. Tel. No. (631) 226-8908	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Linens	
5a. City and State where unit is located: Amityville, NY			

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: 220
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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). Laundry Distribution and Food Service Joint Board, Workers United Wilfredo Larancuent		8b. Address 18 Washington Pl NJ Newark 07102-3106	
8c. Tel. No. (201) 422-0900	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any SEIU		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 08/31/2016

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 7/30/18
11c. Election Time(s): 8am - 10am, 4pm-6pm
11d. Election Location(s): Cafeteria

12a. Full Name of Petitioner (including local name and number)
Josh Gottlieb
BAT Local Union 514

12b. Address (street and number, city, state, and ZIP code)
777 Westchester Ave Ste 101
NY West Harrison 10604-3520

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

12d. Tel. No. (914) 705-5488	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jgottlieb@localunion514.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		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) Josh Gottlieb	Signature Josh Gottlieb	Title President	Date 7/9/18
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PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE

Case

Date Filed

29-RC-223470

7/11/18

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-223484

Date Filed

7/11/18

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

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2a. Name of Employer

United Security, Inc.

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

40 Shrewsbury Ave
NJ Red Bank 07701-1130

3a. Employer Representative - Name and Title

Christine Gelatt

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

40 Shrewsbury Ave
NJ Red Bank 07701-1130

3c. Tel. No.

(732) 268-7180

3d. Cell No.

3e. Fax No.

(732) 268-7179

3f. E-Mail Address

Cgelatt@usisecurity.com

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

Security Systems & Services

4b. Principal product or service

Security Protection

5a. City and State where unit is located:

Holtsville, NY

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:

40

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

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).



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

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

Special and Superior Officers Benevolent Association Ronald Fedrizzi

8b. Address

199 N Wellwood Ave
NY Lindenhurst 11757

8c. Tel No.

(631) 587-9116

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)
09/29/2018

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

TBD

11c. Election Time(s):

TBD

11d. Election Location(s):

Mail ballots

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

Guy James
Federal Contract Guards of America

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

445 Park Ave
NY New York 10022-

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

None

12d. Tel No.

(212) 541-3753

12e. Cell No.

(631) 983-7972

12f. Fax No.

(917) 322-2105

12g. E-Mail Address

gjjames@fcgoa.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)

Guy James

Signature

Guy James

Title

President

Date

07/9/2018 16:55:24

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-224466	Date Filed 7/26/18

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: Boro-Wide Recycling Corporation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3 Railroad Place, Maspeth, NY 11378	
3a. Employer Representative - Name and Title: Mike Christina		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. (718) 416-1656	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services		4b. Principal Product or Service Recycling	5a. City and State where unit is located: Maspeth, NY
5b. Description of Unit Involved: Included: All full-time and regular part-time employees Excluded: Clerical and professional employees; guards; supervisors			6a. Number of Employees in Unit: 30
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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) League of International Federated Employees (LIFE) Local 890	8b. Address: 325 73rd Street, Brooklyn, NY 11209
--	---

8c. Tel. No. (718) 238-2399	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) 10/13/18

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

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

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

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

11b. Election Date(s): August 6, 2018	11c. Election Time(s): 6AM-10AM and 12PM-4PM	11d. Election Location(s): Company facility
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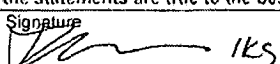
12a. Full Name of Petitioner (including local name and number): Waste Material, Recycling and General Industrial Laborers' Local 108	12b. Address (street and number, city, State and ZIP code): 121 E. 24th Street, New York, NY 10010
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Laborers' International Union of North America

12d. Tel. No. (212) 925-9634	12e. Cell No.	12f. Fax No.	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: Tamir Rosenblum, Esq., Counsel Mason Tenders District Council of Greater NY		13b. Address (street and number, city, State and ZIP code): 520 8th Avenue, Suite 650, New York, NY 10018	
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13c. Tel. No. (212) 452-9451	13d. Cell No. (646) 734-9209	13e. Fax No.	13f. E-Mail Address trosenblum@masontenders.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) Tamir W Rosenblum Signature  Title Counsel Date 7/23/18

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

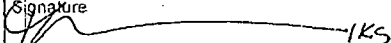
29-RC-224584

Date Filed

7/30/18

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: Empire State Cardboard Paper Recycling Corp.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3 Railroad Place, Maspeth, NY 11378	
3a. Employer Representative - Name and Title: Mike Christina		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (718) 416-1656	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Waste Management Services		4b. Principal Product or Service Recycling	5a. City and State where unit is located: Maspeth, NY
5b. Description of Unit Involved: Included: All full-time and regular part-time employees Excluded: Clerical and professional employees; guards; supervisors			6a. Number of Employees in Unit: 9
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state): League of International Federated Employees (LIFE) Local 890		8b. Address: 325 73rd Street, Brooklyn, NY 11209	
8c. Tel. No. (718) 238-2399	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) 10/13/18
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): August 6, 2018		11c. Election Time(s): 6AM-10AM and 12PM-4PM	
11d. Election Location(s): Company facility			
12a. Full Name of Petitioner (including local name and number): Waste Material, Recycling and General Industrial Laborers' Local 108		12b. Address (street and number, city, State and ZIP code): 121 E 24th Street, New York, NY 10010	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):			
12d. Tel. No. 212-925-9634	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tamir Rosenblum, Esq., Counsel Mason Tenders District Council of Greater NY		13b. Address (street and number, city, State and ZIP code): 520 8th Avenue, Suite 650, New York, NY 10018	
13c. Tel. No. 212-452-9451	13d. Cell No. 646-734-9209	13e. Fax No.	13f. E-Mail Address trosenblum@masonienders.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) Tamir W Rosenblum		Signature 	Title Counsel
		Date 7/27/2018	

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

29-RD-223400

Date Filed

7/10/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer JVK Operations Ltd.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 130 New Highway, Amityville, NY 11701	
3a. Employer Representative - Name and Title Vinny Samuel		3b. Address (If same as 2b - state name) same	
3c. Tel. No. (631)226-8908	3d. Fax No. (631)226-8907	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industry Laundry		4b. Principal product or service Laundry Services	
5a. Description of Unit Involved Included: Production and maintenance workers, mechanics, drivers, and driver helpers Excluded: engineers, office clericals, managers, guards and supervisors			5b. City and State where unit is located: Amityville, NY

6. No. of Employees in Unit 190 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Laundry Dist. and Food Service Jt. Bd., Workers United, Affiliated with SEIU		8b. Affiliation, if any SEIU	
8c. Address 703 Mc Carter Highway, Newark, NJ 07102		8d. Tel. No.	8e. Cell No.
		8f. Fax No. 973 735 6464	8g. E-Mail Address

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s) Julio, 17 - 2018	13d. Election Location(s)	

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

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No.	15g. 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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date Filed 07-09-18

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RD-224046	Date Filed 7/20/18
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: 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 GATEWAY SECURITY /Group One		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 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. (973)802-5381	3d. Cell No.	3e. Fax No. (973)802-6000	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Customer service provider		4b. Principal product or service Customer service and ground transportation	
5b. Description of Unit Involved Included: All full-time and regular part-time customer service representatives Excluded: All managers, secretaries, guards and supervisors as defined in the National Labor Relations Act.		5a. City and State where unit is located: Queens, NY	
		6a. No. of Employees in Unit: 96	
		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [x] No []	

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

8a. Name of Recognized or Certified Bargaining Agent Local 74 United Service Workers Union		8b. Address 36-36 33rd Street, Long Island City, NY 11106	
8c. Tel No. (646)379-0355	8d. Cell No.	8e. Fax No. (718)361-5931	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 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 Local 74 United Service Workers Union	10b. Address 36-36 33rd Street, Long Island City, NY 11106	10c. Tel. No. (646)379-0355	10d. Cell No.
		10e. Fax No. (718)361-5931	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):	11c. Election Time(s):	11d. Election Location(s):	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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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)
NONE

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	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		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE

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) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title An Individual	Date 07/12/18
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WILLFUL FALSE STATEMENT IN THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)