

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No 16-RC-246315	Date Filed 8/9/2019
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. 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.**

<b>2a. Name of Employer:</b>  PepsiCo	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b>  2101 Danieldale Rd Lancaster, TX 75134
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<b>3a. Employer Representative - Name and Title:</b> Drew Stimple- SC Sr. Director - Transortation Central Division	<b>3b. Address (if same as 2b - state same):</b>  Same
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<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> 312-821-2204	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Drew.Stimple@pepsico.com
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<b>4a. Type of Establishment (Factory mine wholesaler etc)</b> Warehouse Drivers	<b>4b. Principal Product or Service</b> Pick up & Delivery	<b>5a. City and State where unit is located:</b> Lancaster, TX
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time and regular part time transport drivers employed at this facility. <b>Excluded:</b> All other employees, expo logistics, Over the Road (OT Drivers) office clerical, and supervisors as defined in the act.	<b>6a. Number of Employees in Unit:</b>  44	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8/09/2019 and Employer declined recognition on or about (Date) N/A (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

<b>11b. Election Date(s)</b> 8/27/2019 & 8/28/2019	<b>11c. Election Time(s)</b> 7AM-10AM, 1PM-4PM & 6PM- 9PM	<b>11d. Election Location(s)</b> Employee breakroom
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<b>12a. Full Name of Petitioner (including local name and number):</b> United Food & Commercial Workers Local 540	<b>12b. Address (street and number, city, State and ZIP code):</b> 17780 Preston Rd Dallas, TX 75252
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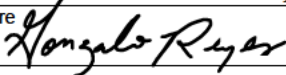
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state):**  
United Food & Commercial Workers International Union AFL-CIO, CLC

<b>12d. Tel. No.</b> 214-328-3515	<b>12e. Cell No.</b> 214-519-3709	<b>12f. Fax No.</b> 214-327-6614	<b>12g. E-Mail Address</b> Gonzalo@ufcw540.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title</b> GonzaloReyes- organizer	<b>13b. Address (street and number city State and ZIP code):</b> 17780 Preston Rd. Dallas, TX 75252
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<b>13c. Tel. No.</b> 214-328-3515	<b>13d. Cell No.</b> 214-519-3709	<b>13e. Fax No.</b> 214-327-6614	<b>13f. E-Mail Address</b> Gonzalo@ufcw540.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) Gonzalo Reyes	Signature 	Title Organizer	Date 8/9/2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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

FORM NLRB-502 (RC)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>16-RC-246725</b>	Date Filed <b>8/25/2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>L &amp; L Fabrication, LLC</b>		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) <b>5936 Eden Dr., Haltom City, TX 76117-6121</b>	
3a. Employer Representative - Name and Title <b>Alfred Leidner, President/Owner</b>		3b. Address (if same as 2b - state same)	
3c. Tel. No. <b>817-834-7146</b>	3d. Cell No.	3e. Fax No. <b>817-831-4849</b>	3f. E-Mail Address <b>aleidner@landfab.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Fabrication Shop</b>		4b. Principal product or service <b>sheet metal duct and spiral pipe</b>	
5b. Description of Unit Involved <b>Included: All sheet metal workers employed by the employer.</b> <b>Excluded: All other employees, office clericals, guards, and supervisors, as defined in the Act.</b>		5a. City and State where unit is located <b>Haltom City, TX</b>	
		6a. No. of Employees in Unit <b>22</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>None</b>		8b. Address <b>na</b>	
8c. Tel. No. <b>na</b>	8d. Cell No. <b>na</b>	8e. Fax No. <b>na</b>	8f. E-Mail Address <b>na</b>
8g. Affiliation, if any <b>na</b>		8h. Date of Recognition or Certification <b>na</b>	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>April 30, 2018</b>	

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 <b>none</b>	10b. Address <b>na</b>	10c. Tel. No. <b>na</b>	10d. Cell No. <b>na</b>
		10e. Fax No. <b>na</b>	10f. E-Mail Address <b>na</b>

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

11b. Election Date(s): <b>September 6, 2019</b>	11c. Election Time(s): <b>8:00 a.m. to 9:00 a.m.</b>	11d. Election Location(s): <b>employee breakroom</b>
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12a. Full Name of Petitioner (including local name and number) <b>SMART-Southwest Gulf Coast Regional Council</b>	12b. Address (street and number, city, state, and ZIP code) <b>7551 Callaghan Rd, Suite 320, San Antonio, TX 78229</b>
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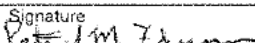
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Association of Sheet Metal, Air, Rail & Transportation Workers, AFL-CIO and CLC**

12d. Tel No. <b>210-202-3335</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>bkenyon@smart-swgcrc.org</b>
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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 <b>Patrick M. Flynn, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>1225 North Loop West, Suite 1000, Houston TX 77008-1775</b>	
13c. Tel No. <b>713-861-6163</b>	13d. Cell No.	13e. Fax No. <b>713-961-5566</b>	13f. E-Mail Address <b>pat@pmfpc.com</b>

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>Patrick M. Flynn</b>	Signature 	Title <b>Attorney</b>	Date <b>8/16/2019</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

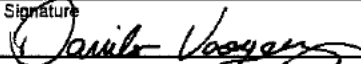
FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
16-RC-246945Date Filed  
8/21/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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 8b 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.

<b>2a. Name of Employer:</b> Austin Crane Service		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 904 Leander Drive, Leander, TX 78641	
<b>3a. Employer Representative - Name and Title:</b> Dennis Davis Owner		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (512) 452-4400	<b>3d. Cell No.</b> (214) 536-8704	<b>3e. Fax No.</b> (512) 260-1441	<b>3f. E-Mail Address</b> dennis@daviscraneservice.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Crane Rental Company		<b>4b. Principal Product or Service</b> Crane/equipment rental	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All hourly, full-time, and regular part-time equipment operators and drivers/riggers <b>Excluded:</b> Office/clerical employees and supervisors/guards as defined by the Act		<b>5a. City and State where unit is located:</b> Leander, Texas	
		<b>6a. Number of Employees in Unit:</b> 20	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8/19/2019 and Employer declined recognition on or about (Date) 8/20/2019 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: Election to be held in an expedited manner, secret ballot, bargaining unit only present			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 9/4/2019		<b>11c. Election Time(s):</b> 5:30am-7:30am	
		<b>11d. Election Location(s):</b> Mechanics office at Austin Crane yard	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 450		<b>12b. Address (street and number, city, State and ZIP code):</b> P.O. Box 1410, Mont Belvieu, TX 77580	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers			
<b>12d. Tel. No.</b> (936) 258-5516	<b>12e. Cell No.</b> (832) 317-4327	<b>12f. Fax No.</b> (936) 258-5509	<b>12g. E-Mail Address</b> dvasquez@iuoe.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Danilo Vasquez Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 13315 Hwy 146 S, Dayton, TX 77535	
<b>13c. Tel. No.</b> (936) 258-5516	<b>13d. Cell No.</b> (832) 317-4327	<b>13e. Fax No.</b> (936) 258-5509	<b>13f. E-Mail Address</b> dvasquez@iuoe.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Danilo Vasquez		<b>Signature</b> 	<b>Title</b> Organizer
		<b>Date</b> 8/21/2019	

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

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-247118

Date Filed

8/23/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
Keppel AmFels, L.L.C.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
20000 State Highway 48  
Brownsville, Texas 78521

**3a. Employer Representative - Name and Title:**  
Simon Lee, President

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

**3c. Tel. No.**  
(956) 831-8220

**3d. Cell No.**

**3e. Fax No.**  
(956) 831 6220

**3f. E-Mail Address**  
simon.lee@keppelamfels.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Offshore & Marine Construction

**4b. Principal Product or Service**  
design, fabrication & construction

**5a. City and State where unit is located:**  
Brownsville, Texas

**5b. Description of Unit Involved:**  
**Included:**  
(See attached)

**6a. Number of Employees in Unit:**  
625

**Excluded:**  
(See attached)

**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) \_\_\_\_\_ No demand \_\_\_\_\_ 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:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
2 weeks from petition date

**11c. Election Time(s):**  
8:00 a.m. to 8:00 p.m.

**11d. Election Location(s):**  
Keppel AmFels shipyard, Brownsville, TX

**12a. Full Name of Petitioner (including local name and number):**  
Pipefitters Local 211

**12b. Address (street and number, city, State and ZIP code):**  
1301 W. 13th Street, Deer Park, TX 77536

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
United Association of Journeymen and Apprentice of the Plumbing and Pipe Fitting Industry of the U.S. and Canada

**12d. Tel. No.**  
713-644-5521

**12e. Cell No.**  
512-426-1502

**12f. Fax No.**  
281-479-3510

**12g. E-Mail Address**  
ctomlin@uanet.org

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

**13a. Name and Title:**  
Francis J. Martorana, Attorney  
O'Donoghue & O'Donoghue LLP

**13b. Address (street and number, city, State and ZIP code):**  
5301 Wisconsin Ave., NW  
Washington, DC 20015

**13c. Tel. No.**  
202-362-0041

**13d. Cell No.**  
202-669-0783

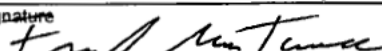
**13e. Fax No.**  
202-362-2640

**13f. E-Mail Address**  
fmartorana@odonoghuelaw.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)**  
Francis J. Martorana

**Signature**



**Title**  
Attorney

**Date**  
08/23/19

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

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**August 23, 2019**

**Case No. 16 – RC - 247118**

**Attachment to Petition filed by Pipefitters Local 211, United Association of Journeymen and Apprentice of the Plumbing and Pipe Fitting Industry of the United States and Canada**

**Employer: Keppel AmFels, L.L.C.**

**5b. Description of the unit involved:**

Included: All full-time and regular part-time craft employees, of every skill level, including pipe fitters, fitters, welders, electricians, scaffold workers, painters, machine operators, mechanics, sand blasters and layout technicians, and including helpers and laborers, employed by the Employer, including leased employees, working at the Keppel AmFELS Shipyard in Brownsville, Texas.

Excluded: All other employees.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-247228

Date Filed

8/27/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Boutchantharaj Corporation dba DFW Security Protective Force	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5705 Airport Freeway, Fort Worth, TX 76117
<b>3a. Employer Representative - Name and Title:</b> Veary Kin - COO	<b>3b. Address (if same as 2b - state same):</b> 5705 Airport Freeway, Fort Worth, TX 76117

<b>3c. Tel. No.</b> (240) 882-9198	<b>3d. Cell No.</b> (240) 882-9198	<b>3e. Fax No.</b> (817) 831-2112	<b>3f. E-Mail Address</b> Veary@DFWSecurityprotectiveforce.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security services		<b>4b. Principal Product or Service</b> Guards	<b>5a. City and State where unit is located:</b> Houston, TX
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part time armed guards employed at the GW Bush Intercontinental Airport pursuant to applicable FAA service contract(s) <b>Excluded:</b> Captains, Lts, Managers, Project and Asst Proj. Mgrs., Officer and Directors of Employer, Supervisors, Confidential E'ees and non-guard e'ees			<b>6a. Number of Employees in Unit:</b> 28+/- <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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.

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

**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

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

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

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

<b>11b. Election Date(s):</b> As soon as possible	<b>11c. Election Time(s):</b> Varied depending on shifts	<b>11d. Election Location(s):</b> GW Intercontinental Airport
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<b>12a. Full Name of Petitioner (including local name and number):</b> United Security Forces of America International Union and its Local 217	<b>12b. Address (street and number, city, State and ZIP code):</b> 11367 Lair Road NE, Alliance, OH 44601
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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):**  
United Security Forces of America International Union

<b>12d. Tel. No.</b> 330-603-3274	<b>12e. Cell No.</b> 330-603-3274	<b>12f. Fax No.</b> 330-935-2540	<b>12g. E-Mail Address</b> jatucker@jatuckerlaw.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> John A. Tucker	<b>13b. Address (street and number, city, State and ZIP code):</b> 11367 Lair Road NE, Alliance, OH 44601

<b>13c. Tel. No.</b> 330-603-3274	<b>13d. Cell No.</b> 330-603-3274	<b>13e. Fax No.</b> 330-935-2540	<b>13f. E-Mail Address</b> jatucker@jatuckerlaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> John A. Tucker	<b>Signature</b> 	<b>Title</b> President	<b>Date</b> 8/27/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
16-RC-247347Date Filed  
8/28/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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:**  
Coastal Clinical and Management Services, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
Robert Shoemaker Building 2245 Battalion Avenue, Fort Hood, Texas, 76544

**3a. Employer Representative - Name and Title:**  
Julia Mutch, RN, MSN, President

**3b. Address (if same as 2b - state same):**  
919 Conestoga Rd Bldg 3 Ste 110, Bryn Mawr, PA 19010-1352

**3c. Tel. No.**  
(484) 380-2080

**3d. Cell No.**

**3e. Fax No.**  
(484) 380-2087

**3f. E-Mail Address**  
JMutch@CCMSstaffing.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Phlebotomists; Government Service Contract

**4b. Principal Product or Service**  
Service

**5a. City and State where unit is located:**  
Fort Hood, Texas

**5b. Description of Unit Involved:**

**Included:**

All Phlebotomists.

**Excluded:**

All other employees including clericals, management, and guards as defined by the act.

**6a. Number of Employees in Unit:**  
8

**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) \_\_\_\_\_ on or about (Date) \_\_\_\_\_ (If no reply received, so state). and Employer declined recognition  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☒ If so, approximately how many employees are participating? \_\_\_\_\_, 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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
September, 16 2019

**11c. Election Time(s):**  
3:30pm-4:30pm

**11d. Election Location(s):**  
2245 Battalion Avenue, basement conference

**12a. Full Name of Petitioner (including local name and number):**  
International Union of Operating Engineers, Local 351

**12b. Address (street and number, city, State and ZIP code):**  
111 E. Coolidge Street, Borger, Texas 79007

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

The American Federation of Labor and Congress of Industrial Organizations

**12d. Tel. No.**  
800-378-5726

**12e. Cell No.**  
214-732-8598

**12f. Fax No.**  
806-274-7305

**12g. E-Mail Address**  
bridget.davis@local351.com

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

**13a. Name and Title:**

Bridget Davis, Union Organizer

**13b. Address (street and number, city, State and ZIP code):**

111 E. Coolidge Street, Borger, Texas 79007

**13c. Tel. No.**  
214-732-8598

**13d. Cell No.**  
214-732-8598

**13e. Fax No.**  
806-274-7305

**13f. E-Mail Address**  
bridget.davis@local351.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)

Signature

Title

Date

Bridget Davis

[Signature]

Union Organizer

8/28/19

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

## PRIVACY ACT STATEMENT

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