

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>15-RC-251061</b>	Date Filed <b>November 4, 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.

<b>2a. Name of Employer</b> NORTH AMERICAN SECURITY, INCORPORATED		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 550 E CARSON PLZ DR #222 CA CARSON 90746	
<b>3a. Employer Representative - Name and Title</b> Arthur Lopez		<b>3b. Address (If same as 2b - state same)</b> 550 E CARSON PLZ DR #222 CA CARSON 90746	
<b>3c. Tel. No.</b> (323) 634-1911	<b>3d. Cell No.</b> 310-630-4840	<b>3e. Fax No.</b> (323) 634-9111	<b>3f. E-Mail Address</b> A.Lopez@nasecurityinc.com;
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services		<b>4b. Principal product or service</b> Contract Security Provider	
<b>5a. City and State where unit is located:</b> Jackson, MS			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 65
<b>Included:</b> See Attached Page 2 for additional details		<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"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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> The Security Police Fire Professionals of America David Hickey Hickey		<b>8b. Address</b> 25510 Kelly Rd ML Roseville 48066-4994	
<b>8c. Tel No.</b> (586) 772-7250	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (586) 772-9644	<b>8f. E-Mail Address</b> spfpapres@spfpa.org
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b> 09/30/2019	

**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)**

<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.		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 11/14/19	<b>11c. Election Time(s):</b> 4:30 PM	<b>11d. Election Location(s):</b> any such election	

<b>12a. Full Name of Petitioner (Including local name and number)</b> Dimitri Fowler Dimitri Fowler		<b>12b. Address (street and number, city, state, and ZIP code)</b> P. O. Box 530394 Al. Birmingham 35253	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> The Protection & Response Officers of America			

<b>12d. Tel No.</b> (888) 889-7762	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (888) 886-7762	<b>12g. E-Mail Address</b> dfowler@proaunion.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>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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> Dimitri Fowler	<b>Signature</b> Dimitri Fowler	<b>Title</b> International Secretary	<b>Date</b> 11/1/2019 11:36:48
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 15-RC-251061	Date Filed November 4, 2019

**Employees Included**

All non-supervisory guards employed throughout the state of Mississippi

**Employees Excluded**

Office, clerical, supervisory, and professional employees, as defined by the Act

RECEIVED  
NATIONAL LABOR  
RELATIONS BOARD  
2019 NOV -4 AM 8:36  
REGION 15  
NEW ORLEANS, LA 70130-3408

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

## RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RD-251718

Date Filed

November 14, 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: 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 Penske Truck Leasing Company, LP		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2250 Boling Street, Jackson, Mississippi	
3a. Employer Representative - Name and Title Joseph Cisco		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (601)981-1200	3d. Cell No.	3e. Fax No. (601)362-6458	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Truck Leasing and Maintenance		4b. Principal product or service Truck Leasing and Maintenance	
5a. City and State where unit is located: Jackson, MS		5b. Description of Unit Involved  Included: All full-time and regular part-time service technicians  Excluded: All other employees, guards and supervisors as defined by the Act.	
6a. No. of Employees in Unit: 12		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 <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 Teamsters Local 891		8b. Address 2560 Valley Street, Jackson, Mississippi 39204	
8c. Tel No. (601)371-8322	8d. Cell No.	8e. Fax No. (601)371-8008	8f. E-Mail Address
8g. Affiliation, if any International Brotherhood of Teamsters		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	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):	11c. Election Time(s):	11d. Election Location(s): Employer's facility	

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)	
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. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)

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

13a. Name and Title (b) (6), (b) (7)(C)		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 its contents are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 11-8-29
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WILLFUL FALSE STATE

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.

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