

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

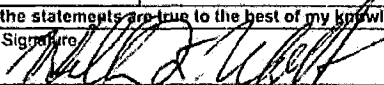
22-RC-245905

Date Filed

AUG 1, 2019

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

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

2a. Name of Employer: FIRST TRANSIT, INC. (Region 6)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100B Main Street, Elmwood Park, New Jersey 07407	
3a. Employer Representative - Name and Title: Andrew R. Joppa, Jr., Sr Dir. Labor Relations		3b. Address (if same as 2b - state same): 1413 Windybush Road Wilmington, DE 19810	
3c. Tel. No. 401-309-4733	3d. Cell No.	3e. Fax No. 401-633-7013	3f. E-Mail Address andrew.joppa@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): TRANSPORTATION		4b. Principal Product or Service TRANSPORTATION SERVICES	5a. City and State where unit is located: ELMWOOD PARK, NEW JERSEY
5b. Description of Unit Involved: Included: All regular full time and part-time Service Control, road supervisors and schedulers working at the companies para transit facility, located in Elmwood Park, New Jersey. Excluded: All other employees including drivers, mechanics, utility, dispatchers, managers and guards as defined in the Act.			6a. Number of Employees in Unit: 25
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.			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
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 <input checked="" type="checkbox"/> 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:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): FRIDAY, Aug. 16, 2019		11c. Election Time(s): 8:00 AM - 10:00 AM and 12:00 PM - 2:00 PM	11d. Election Location(s): Conference room at Elmwood Park facility
12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT		12b. Address (street and number, city, State and ZIP code): 93 Lake Avenue, Suite 103, Danbury, CT 06810	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Journeymen and Allied Trades			
12d. Tel. No. 203-205-0101	12e. Cell No.	12f. Fax No. 203-205-0006	12g. E-Mail Address jamesg@iujat.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: William K. Wolf, Esq.		13b. Address (street and number, city, State and ZIP code): Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523	
13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address wwolf@rothmanrocco.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 K. Wolf		Signature 	Title Attorney for Local 726, IUJAT
			Date 8/1/2019

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.

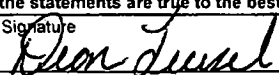
22-RC-246160

Date Filed

AUG 7, 2019

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

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

2a. Name of Employer: A J Perri Plumbing, Heating, Cooling		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1162 Pinebrook Rd Tinton Falls, NJ 07724	
3a. Employer Representative - Name and Title: James Henkel		3b. Address (if same as 2b - state same): Operations Manager	
3c. Tel. No. (732) 733-2548	3d. Cell No.	3e. Fax No. (732) 982-8717	3f. E-Mail Address info@ajperri.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mechanical Contractor		4b. Principal Product or Service HVAC/ Plmb Service & Install	5a. City and State where unit is located: New Jersey
5b. Description of Unit Involved: Included: HVAC - (Electricians, Maintenance, Demand, PTU, Warranty) Excluded: Managers as defined by the Act, Plumbers, Duct Cleaners & Install Dept			6a. Number of Employees in Unit: 71
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 8/6/2019 and Employer declined recognition on or about (Date) 08/06/19 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			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
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address: N/A	
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 N/A	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 8/27/2019	11c. Election Time(s): 8am	11d. Election Location(s): 2 Iron Ore Rd Englishtown, NJ 07726	
12a. Full Name of Petitioner (including local name and number): United Association of Plumbers & Pipefitters Local 9		12b. Address (street and number, city, State and ZIP code): 2 Iron Ore Rd Englishtown, NJ 07726	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Association of Journeyman & Apprentices of the Plumbing & Pipefitting Industry of the United States & Canada			
12d. Tel. No. (732) 792-0999	12e. Cell No. (908) 312-7006	12f. Fax No. (732) 792-1144	12g. E-Mail Address dfeasel@ualocal9.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: HVAC/R Business Agent		13b. Address (street and number, city, State and ZIP code): 2 Iron Ore Rd Englishtown, NJ 07726	
13c. Tel. No. (732) 792-0999 ext 129	13d. Cell No. (908) 312-7006	13e. Fax No. (732) 792-1144	13f. E-Mail Address dfeasel@ualocal9.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) Dean Feasel	Signature 	Title HVAC/R Business Agent	Date 8/6/2019

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-246579

Date Filed
AUG 14, 2019

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

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

2a. Name of Employer
Quest Diagnostics Incorporated

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
One Malcom Avenue, Teterboro, NJ 07608

3a. Employer Representative - Name and Title
Richard C. Alnor, Regional Manager

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

3c. Tel. No.
(201) 393-5801

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
richard.c.alnor@questdiagnostics.com

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

4b. Principal product or service
Collecting and Testing Medical Specimina

5a. City and State where unit is located:
Teterboro, New Jersey

6b. Description of Unit Involved

Included: All full-time and regular part-time drivers/couriers employed by the Employer at its Teterboro, New Jersey facility.

Excluded: excluding all office clerical employees, professional employees, dispatchers, field operations employees, package preparation employees, fleet maintenance employees, mailroom employees/clerks, confidential employees, managerial employees, guards and supervisors as defined by the Act, and all other employees.

6a. No. of Employees in Unit:
185

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) None** 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

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):
September 6, 2019

11c. Election Time(s):
6:45 am to 7:15 am and 2:45 pm to 3:15 pm

11d. Election Location(s):
One Malcom Avenue, Teterboro, NJ 07608

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Teamsters, Local 11

12b. Address (street and number, city, state, and ZIP code)
810 Belmont Avenue, North Haledon, NJ 07508

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

12d. Tel No.
973-636-0093

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
teamsterslocal11@gmail.com

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

13a. Name and Title
Raymond G. Heineman, Esq.

13b. Address (street and number, city, state, and ZIP code)
Kroll Heineman Carton, LLC, 99 Wood Avenue S, Suite 307, Iselin, NJ 08830

13c. Tel No.
732-491-2100

13d. Cell No.

13e. Fax No.
732-491-2120

13f. E-Mail Address
rheinemann@krollfirm.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)
Raymond G. Heineman

Signature

Title
Attorney

Date
August 14, 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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 22-RC-247182	Date Filed AUG 26, 2019
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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: 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 Sunbelt Rentals, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 218 North Randolphville Road NJ Piscataway 08854-	
3a. Employer Representative - Name and Title Tyrone Colon		3b. Address (If same as 2b - state same) 218 North Randolphville Road NJ Piscataway 08854-	
3c. Tel. No. (732) 752-6600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address pcm1102@sunbeltrentals.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Rental & Leasing	4b. Principal product or service Structural and Excavation Shoring	5a. City and State where unit is located: Piscataway, NJ
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5b. Description of Unit Involved		6a. No. of Employees in Unit: 7
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: 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.

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? _____
(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.

11b. Election Date(s): Friday September 6, 2019	11c. Election Time(s): 6:00am to 7:00am	11d. Election Location(s): Employer's facility located at 218 North Randolphville Road, Piscataway.
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12a. Full Name of Petitioner (Including local name and number) Pat Hjelm Pat Hjelm	12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue 3rd Floor NJ Springfield 07081-0018
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers, Local 825

12d. Tel No. (201) 572-6658	12e. Cell No.	12f. Fax No.	12g. E-Mail Address PHjelm@IUOE825.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 Lauren Bonaguro Esq. Attorney DeCottis, Fitzpatrick, Cole, & Giblin LLP		13b. Address (street and number, city, state, and ZIP code) 500 Frank W. Burr Blvd. Suite 31 NJ Teaneck 07666-6802	
13c. Tel No. (201) 347-2150	13d. Cell No.	13e. Fax No.	13f. E-Mail Address LBonaguro@DeCottislaw.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) Lauren Bonaguro Esq.	Signature Lauren Bonaguro	Title Attorney	Date 08/26/2019 10:33:54
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and part-time yard associates, cutters, propping specialists, forklift operators, delivery technicians and welders.

Employees Excluded

All Supervisors

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


22-RC-247218

Date Filed

AUG 27, 2019

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

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2a. Name of Employer: Swissport USA, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Swissport Cargo Services 344 Brewster Road Newark Liberty International Airport Newark NJ, 07114	
3a. Employer Representative - Name and Title: Joseph Tariverdi, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (973) 681-0336	3d. Cell No. Unknown	3e. Fax No. Unknown	3f. E-Mail Address joseph.tariverdi@swissport.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cargo Facility		4b. Principal Product or Service Cargo Services	5a. City and State where unit is located: Newark, NJ
5b. Description of Unit Involved: Included: Warehousing, cargo & mail handling, document handling, trucking cargo and customs Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the Act			6a. Number of Employees in Unit: 450
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.			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
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? <u>No</u> 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): September 19, 2019	11c. Election Time(s): 5 AM-9 AM and 11 AM-4 PM	11d. Election Location(s): 344 Cargo Building Breakroom	
12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 9000 Machinists Pl, Upper Marlboro, MD 20772	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel. No. (301) 967-4560	12e. Cell No. (202) 500-3916	12f. Fax No. (301) 967-4591	12g. E-Mail Address jcarlson@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nicholas A. Scotto, Special Representative		13b. Address (street and number, city, State and ZIP code): 26 Court St, Ste 1710, Brooklyn, NY 11242	
13c. Tel. No. (929) 226-1724	13d. Cell No. (631) 219-4116	13e. Fax No. (646) 902-5720	13f. E-Mail Address nscotto@iamaw.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) Nicholas A. Scotto	Signature 		Title Special Representative
			Date 8/27/2019

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

DO NOT WRITE IN THIS SPACE

Case No.

22-RD-247337

AUG

Date Filed

28, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 A.J. Oster, Wieland Group.		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 150 Lackawanna Ave, Parsippany, NJ 07054	
3a. Employer Representative - Name and Title Dennis Flynn		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 973 673-5700	3d. Fax No.	3e. Cell No. 888-925-8638	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Metal supply Factory		4b. Principal product or service Supplies different metal products	
5a. Description of Unit Involved Included: Drivers, Forklift operators, line workers, machine operators, porters, shipping and receiving personnel, warehouse employees. Excluded: Confidential, managerial, office clerical, professional employees, guards, supervisors, temporary workers.			5b. City and State where unit is located: 150 Lackawanna Ave Parsippany NJ 07054
6. No. of Employees in Unit 36	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Teamsters 1066/125, IBT		8b. Affiliation, if any	
8c. Address 585 Hamburg Turnpike Wayne, NJ 07470 2nd Floor		8d. Tel. No. 973-790-8300	8e. Cell No.
		8f. Fax No. 973-790-6400	8g. E-Mail Address tony@teamsters125.org
9. Date of Recognition or Certification 11/20/2016		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 11/20/2019	
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) (Insert Address)		a labor organization, of 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 SMART Local Union #137	12b. Address 50-02 5th street suite A, Long island city, NY 11101.	12c. Tel. No. 718-937-4514	12d. Fax No. 718-937-4113
		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) Friday's	13c. Election Time(s) 11am - 7pm	13d. Election Location(s) 150 Lackawanna Ave, Parsippany, NJ	
14. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		(b) (6), (b) (7)(C)	14e. E-Mail Address
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	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)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed 8/27/19

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.

22-RD-246774

Date Filed

AUG 19, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 READINGTON FARMS, INC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 12 MILL RD, WHITEHOUSE STATION, NJ 08889	
3a. Employer Representative - Name and Title MELISSA A. PARISI, V.P		3b. Address (If same as 2b - state name) SAME	
3c. Tel. No. 908-534-2121	3d. Fax No.	3e. Cell No.	3f. E-Mail Address MELISSA.A.HIF@walcefern.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) WAREHOUSE AND DISTRIBUTION	4b. Principal product or service MILK DELIVERY
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5a. Description of Unit Involved Included: ALL OF FULL TIME AND PART TIME DRIVERS, HELPERS Excluded: SUPERVISERS, WAREHOUSE	5b. City and State where unit is located: WHITEHOUSE STATION, NJ
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6. No. of Employees in Unit 45	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent LOCAL UNION 863	8b. Affiliation, if any I.B.T
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8c. Address 209 SUMMIT ROAD MOUNTAINSIDE, NJ 07092	8d. Tel. No. 908-654-6990	8e. Cell No.	8f. Fax No.	8g. E-Mail Address Kathy2@local863welfarefund.com
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9. Date of Recognition or Certification 08/06/2018	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other 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 LOCAL UNION 863	12b. Address 209 SUMMIT ROAD MOUNTAINSIDE, NJ 07092	12c. Tel. No. 908-654-6990	12d. Fax No.	12e. Cell No.	12f. E-Mail Address
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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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner (b) (6), (b) (7)(C) AND (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
14d. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14e. Cell No. (b) (6), (b) (7)(C)	14f. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any NONE

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

15a. Name	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 the best of my knowledge and belief. (b) (6), (b) (7)(C)	Title 8-19-19	Date Filed
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DECLARED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
ACT STATEMENT