

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-254043

Date Filed
January 3, 2020

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
St. Michael's Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
111 Central Avenue, Newark, NJ 07102

3a. Employer Representative - Name and Title
Assunta Bruno, Director Human Resources

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

3c. Tel. No.
973-877-5000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
abruno@primehealthcare.com

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

4b. Principal product or service
Health Care

5a. City and State where unit is located:
Newark NJ

5b. Description of Unit Involved

Included: All full-time and regular part-time polysomnographic technicians and technologists employed by the Employer at its Newark, New Jersey facility

Excluded: All service and maintenance employees, office clerical employee, professional employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
3

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) **12/20/19** and Employer declined recognition on or about **12/23/19** (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.

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

11b. Election Date(s):
1/21/20

11c. Election Time(s):
2:45 to 3:15 PM.

11d. Election Location(s):
111 Central Avenue, Newark, NJ 07102

12a. Full Name of Petitioner (Including local name and number)
JNESO, District Council 1

12b. Address (street and number, city, state, and ZIP code)
1225 Livingston Ave, North Brunswick, NJ 08902

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, AFL-CIO

12d. Tel No.
732-745-2776

12e. Cell No.

12f. Fax No.
732-828-6343

12g. E-Mail Address
Meredith Larson <MLarson@jneso.org>

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)
99 Wood Ave., South, Suite 307, Iselin, NJ, 08830

13c. Tel No.
732-491-2104

13d. Cell No.
732-266-8287

13e. Fax No.
732-491-2120

13f. E-Mail Address
rheineman@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

December 31, 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 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. 22-RC-254344	Date Filed JAN 8, 2020
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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 AGI, ALLIED GROUND INTERNATIONAL	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NEWARK AIRPORT CARGO BUILDING 339 BREWSTER RD NJ NEWARK 07114
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3a. Employer Representative - Name and Title JUAN SILVA	3b. Address (If same as 2b - state same) NEWARK AIRPORT CARGO BUILDING 339 BREWSTER RD NJ NEWARK 07114
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3c. Tel. No. (973) 342-8077	3d. Cell No. (973) 342-8077	3e. Fax No.	3f. E-Mail Address JSILVA@ALLIANCEGROUND.COM
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service AIRPORT CARGO	5a. City and State where unit is located: Newark, NJ
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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: 90 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"/>
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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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)

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
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11b. Election Date(s): 1/21/2020	11c. Election Time(s): 0600X0800 1400X1600	11d. Election Location(s): BREAKROOM BUILDING 339
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12a. Full Name of Petitioner (including local name and number) Joseph Giovinco Amalgamated Local 298, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 420 w merick rd NY valley stream 11580
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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)
AFL-CIO, IUAPNW

12d. Tel No. (516) 872-6690	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. (516) 872-6409	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 Bryan McCarthy ATTORNEY BCM Associates	13b. Address (street and number, city, state, and ZIP code) 1454 Route 22 Suite B101 NY brewster 10509
13c. Tel No. (914) 588-4480	13d. Cell No. (914) 588-4480
13e. Fax No.	13f. E-Mail Address bcm@bcmassociates.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) Joseph Giovinco	Signature JOSEPH GIOVINCO	Title Secretary Treasurer	Date 01/7/2020 13:34:20
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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 22-RC-254344	Date Filed JAN 8, 2020

Employees Included

ALL GARGO AGENTS EMPLOYED BY AGI IN NEWARK AIRPORT

Employees Excluded

all managers, professional employees and guards as defined by the act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

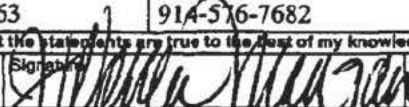
22-RC-254608

Date Filed

Jan 14, 2020

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 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.

2a. Name of Employer: Allied Beverage Group LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 700 Kapkowski Road, Elizabeth, NJ 07201	
3a. Employer Representative - Name and Title: Ian Montgomery - Director of Operations		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 800-313-6767	3d. Cell No. 201-388-1139	3e. Fax No.	3f. E-Mail Address Imontgomery@alliedbeverage.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Warehouse		4b. Principal Product or Service Wine and spirits	
5a. City and State where unit is located: Elizabeth, NJ		5b. Description of Unit involved: Included: Mechanics Excluded: All other employees of Employer including (but not limited to) guards & supervisors	
6a. Number of Employees in Unit 10		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/2/2020 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) N/A		8b. Address: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) N/A, 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) N/A			
10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <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 (including local name and number): Wine, Liquor & Distillery Workers' Union Local 1-D		12b. Address (street and number, city, State and ZIP code): 8402 18th Avenue, Brooklyn, NY 11214	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers Union			
12d. Tel. No. 718-331-2311	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: J. Warren Mangan, Esq.		13b. Address (street and number, city, State and ZIP code): O'Connor & Mangan, PC, 271 North Ave, Suite 206, New Rochelle, NY 10801	
13c. Tel. No. 914-576-7630, Ext. 15	13d. Cell No. 917-538-1863	13e. Fax No. 914-576-7682	13f. E-Mail Address ocmlawyers@aol.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) J. Warren Mangan, Esq.		Signature 	Title Attorney
		Date 1/14/2020	

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.

22-RC-255167

Date Filed

Jan 24, 2020

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 4 West)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2012 Whitehead Road Ext., Ewing, New Jersey 08638	
3a. Employer Representative - Name and Title: Andrew R. Joppa, Jr., Sr. Dir. Labor Relation		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: Ewing, New Jersey		5b. Description of Unit Involved: Included: All full time and regular part-time Service Controllers, Dispatchers, Road/Field Supervisors. Excluded: All other employees including drivers, utility, managers, guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit: 15		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)		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> <input checked="" type="checkbox"/> 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 and 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): Feb. 6, 2020		11c. Election Time(s): 10:00 am. - 12:00 pm.	
11d. Election Location(s): Facility Training Room			
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: Gary Rothman, 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 grothman@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) Gary Rothman	Signature 	Title Attorney for Local 726, IUJAT	Date 1/23/2020

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.

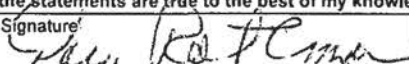
22-RC-255179

Date Filed

Jan 27, 2020

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: 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 Relation		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: Ewing, New Jersey
5b. Description of Unit Involved: Included: All regular full time and part-time payroll, office and maintenance clerks and reconcilers working at the companies para transit facility in Elmwood Park, NJ. Excluded: All other employees including drivers, mechanics, utility, dispatchers, managers, guards and supervisors as defined in the Act.			6a. Number of Employees in Unit: 4
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)		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? _____ (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): Feb. 7, 2020	11c. Election Time(s): 10:00 AM - 12:00 PM	11d. Election Location(s): Company facility Training Room	
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: Gary Rothman, 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 grothman@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) Gary Rothman	Signature 	Title Attorney for Local 726, IUJAT	Date 1/23/2020

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.

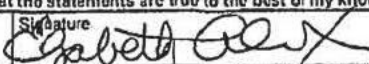
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-255546Date Filed
Jan 31, 2020

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: AAK USA, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 131 Marsh Street, Newark, NJ 07114	
3a. Employer Representative - Name and Title: Michael Kilian, Production Manager		3b. Address (if same as 2b - state same): Same as 2b	
3c. Tel. No. (973) 344-1300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address john.ferrer@ogletree.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Refinery		4b. Principal Product or Service Fat and oil refining	
5a. City and State where unit is located: Newark, NJ		5b. Description of Unit Involved: Included: Quality Department employees, including Laboratory Technicians, Senior Quality Technicians, and Analyst Instrumentation Chemists Excluded: All other employees, including executive, managerial and confidential employees, temporary employees, relief employees, watchmen, and supervisors as defined in the NLRA.	
6a. Number of Employees in Unit: 6		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)		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):		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Local 1478-2, ILA, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 30 Hennessey Street, Newark, NJ 07105	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Longshoremen's Association, AFL-CIO			
12d. Tel. No. (973) 344-1433	12e. Cell No. (973) 292-03165	12f. Fax No.	12g. E-Mail Address ilalocal14782@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Local 1478-2, ILA, AFL-CIO		13b. Address (street and number, city, State and ZIP code): 30 Hennessey Street, Newark, NJ 07105	
13c. Tel. No. (973) 344-1433	13d. Cell No. (973) 292-03165	13e. Fax No.	13f. E-Mail Address ilalocal14782@gmail.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) Elizabeth Alexander		Signature 	Title Attorney
		Date 1/31/20	

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

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