UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NO.	T WRITE IN THIS SPACE	-
Case No. 22-RC-254043	January 3, 2020	

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) St. Michael's Medical Center 111 Central Avenue, Newark, NJ 07102 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Assunta Bruno, Director Human Resources same 3c Tel No 3d Cell No. 3e. Fax No. 3f. E-Mail Address 973-877-5000 abruno@primehealthcare.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Acute Care Hospital Health Care Newark NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time polysomnographic technicians and technologists employed by the Employer at its Newark, New Jersey facility 6b. Do a substantial number (30% Excluded: All service and maintenance employees, office clerical employee, professional employees, guards and supervisors as defined in the Act. or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🗸 No Check One: 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 (# none, so state). 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification Bi. 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 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1/21/20 2:45 to 3:15 PM. 111 Central Avenue, Newark, NJ 07102 12a. Full Name of Petitloner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) JNESO, District Council 1 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. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 732-828-6343 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 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 732-491-2104 732-266-8287 732-491-2120 rheineman@krollfirm.com I declara that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Raymond G. Heineman WILLFUL FALSE STATEMENTS ON Attorney December 31, 2019 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 of 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

DO NO	WRITE IN THIS SPACE
Case No.	Date Filed
22-RC-254344	JAN 8, 2020

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NEWARK AIRPORT CARGO BUILDING 339 BREWSTER RD NJ NEWARK 07114-AGI, ALLIED GROUND INTERNATIONAL 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) NEWARK AIRPORT CARGO BUILDING 339 BREWSTER RD NJ NEWARK 07114-JUAN SILVA 3c. Tel. No. 3d. Cell No. JSILVA@ALLIANCEGROUND.COM (973) 342-8077 (973) 342-8077 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service AIRPORT CARGO Newark, NJ 6b. Description of Unit Involved 6a. No. of Employees in Unit: 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 Excluded: See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b. Address 8c. Tel No. 8f. E-Mail Address 8d Cell No. Se. Fax No. 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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. 10f. E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 1 Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 1/21/2020 11c. Election Time(s): 11d. Election Location(s): **BREAKROOM BUILDING 339** 0600X0800 1400X1600 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Joseph Giovinco Amalgamated Local 298, AFL-CIO 420 w merrick rd NY valley stream 11580 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. 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) (516) 872-6690 (b) (6), (b) (7)(C) (516) 872-6409 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Bryan McCarthy ATTORNEY BCM Associates 1454 Route 22 Suite B101 NY brewster 10509-13f. E-Mail Address bcm@bcmassociates.org 13e. Fax No. 13c. Tel No. 13d, Cell No. (914) 588-4480 (914) 588-4480 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 JOSEPH GIOVINCO Secretary Treasurer Joseph Giovinco 01/7/2020 13:34:20

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

PRIVACY ACT STATEMENT

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

Attachment DO NOT WRITE IN THIS SPACE

Case Date Filed 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

FORM NLRB-502 (RC) (2-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRIT	E IN THIS SPACE
Case No.	Date Filed
22-RC-254608	Jan 14, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirt.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 Representations 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 Patitioner and Patitioner desires to be certified as representative of the employees. The Patitioner 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. 2s. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Allied Beverage Group LLC 700 Kapkowski Road, Elizabeth, NJ 07201 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ian Montgomery - Director of Operations Same 3c. Tel. No. 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 800-313-6767 201-388-1139 Imontgomery@alliedbeverage.com 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Warehouse Wine and spirits Elizabeth, NJ 5b. Description of Unit involved: 6a. Number of Employees in Unit: included: 10 Mechanics 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

Yes No All other employees of Employer including (but not limited to) guards & supervisors 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 Sa. Name of Recognized or Certified Bargaining Agent (if none, so state) 8b. Address: N/A N/A Bc. Tel. No. 8d. Cell No. Se. Fax No. 8f. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any: 81. Expiration Date of Current or Most 8h. Date of Recognition or Certification Recent Contract, If any (Month, Day, Year) N/A N/A 9. Is there now a sirike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) N/A 10a, Name 10b. Address 10c Tel No 10d Cell No N/A N/A N/A N/A 10e. Fax No. 101, E-Mail Address N/A N/A 11. Election Details: If the NLRB conducts and election in this metter, state your position with respect to any such election: Manual Mall 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): 12b. Address (street and number, city, State and ZIP code): Wine, Liquor & Distillery Workers' Union Local 1-D 8402 18th Avenue, Brooklyn, NY 11214 12c. Full name of national or international labor organization of which Patitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers Union 12d. Tel. No. 12e. Cell No. 12f Fax No. 12g. E-Mail Address 718-331-2311 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): J. Warren Mangan, Esq. O'Connor & Mangan, PC, 271 North Ave, Suite 206, New Rochelle, NY 10801 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 914-576-7630, Ext. 15 917-538-1863 914-576-7682 ocmlawyers@aol.com I declare that I have read the above petition and that the hts are true to the flest of my knowledge and belief. Name (Print) Title J. Warren Mangan, Esq. 1/14/2020 Attorney

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. 5 15 at seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings of hisgation. 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) (2-18)

Gary Rothman

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-255167	Jan 24, 2020			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): First Transit, Inc. (Region 4 West) 2012 Whitehead Road Ext., Ewing, New Jersey 08638 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Andrew R. Joppa, Jr., Sr. Dir. Labor 1413 Windybush Road, Wilmington, DE 19810 Relation 3d. Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address andrew.ioppa@firstgroup.com 401-309-4733 401-633-7013 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Ewing, New Jersey TRANSPORTATION Transportation Services 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and regular part-time Service Controllers, Dispatchers, Road/Field 15 Excluded:All other employees including drivers, utility, managers, guards and supervisors 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No as defined in the Act. 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 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Feb. 6, 2020 10:00 am. - 12:00 pm. Facility Training Room 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 93 Lake Avenue, Suite 103, Danbury, CT 06810 Local 726, IUJAT 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 12f, Fax No. 12g. E-Mail Address 12d. Tel. No. 12e, Cell No. 203-205-0101 203-205-0006 iamesg@iuiat.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, State and ZIP code): Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY Gary Rothman, Esq. 10523 13c. Tel. No. 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 914-478-2801 grothman@rothmanrocco.com 914-478-2913 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

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

Attorney for Local 726, IUJAT

1/23/2020

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRI	TE IN THIS SPACE
Case No.	Date Filed
22-RC-255179	Jan 27, 2020

								A AUTOMOTO CONTRACTOR	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must s named in the pe	be accompanied tition of: (1) the	by both a sh petition; (2) S	nowing of interest (se statement of Position	e 6b below) and form (Form NL	d a certificat RB-505); an	e of service showing s d (3) Description of Re	ervice on presentation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	tioner desires to be	certified as repre	esentative of th	ne employees. The Pe	titioner alleges	that the foll	owing circumstances e		
2a. Name of Employer:	2b. A	ddress(es) of	Establishment(s) invol	ved (Street and	number, City	, State, ZIP code):			
First Transit, Inc. (Region 6)			B Main S	treet, Elmwood	Park, New	Jersey 0	7407		
3a. Employer Representative - Nan	me and Title:	3b. A	ddress (if sam	ne as 2b - state same):					
Andrew R. Joppa, Jr., Sr. Relation	Dir. Labor	141	3 Windyb	oush Road, Wilr	nington, DI	E 19810			
3c. Tel. No.	3d. Cell No.		3e. Fax No		3f. E-Mail	44 (41 (11 (11 (11)))			
401-309-4733			401-633-7013			.joppa@f	irstgroup.com		
4a. Type of Establishment (Factory,	mine, wholesaler,	etc.)	4b. Princip		5a. City and State where unit is located:				
TRANSPORTATION			Transp	ortation Service	s	Ewing, New Jersey			
5b. Description of Unit Involved: included: All regular full time reconcilers working						6a. Numbe	er of Employees in Unit:		
Excluded: All other employee guards and supervi	isors as define	d in the Act.				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No			
Check One: 7a. Request for reconnection on or about (Date)		(If no repl	y received, so	state).		d Employer o	declined recognition		
7b. Petitioner is cu	ed Bargaining Ag	ent //f none so	total 8h Ac	ind desires certification	n under the Act.				
		one (iii rione, ee e							
Bc. Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, If any:	200		8h. Date of R				Expiration Date of Current or Most cent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing a	it the Employer's e	stablishment(s) is	nvolved? No	If so, approx	rimately how ma	ny employee	s are participating?		
(Name of Labor Organization)			110	<u>. Itaadi</u>	has picketer	the Employ	er since (Month, Day, Ye	ear)	
Organizations or individuals othe individuals known to have a repre					recognition as r	epresentative			
					M = 80	15745 202			
10a. Name	10b. /	Address			10c. Tel. N	0.	10d. Cell No.		
	: :		a 10 mm	10e, Fax N	10e. Fax No. 10f. E-		. E-Mail Address		
11. Election Details: If the NLRB co	inducts and election	n in this matter, s	tate your posit	tion with respect to any	y such election:	11a. Election	. 75	Manual/Mail	
11b. Election Date(s):	11c. I	Election Time(s):	ne(s):			11d. Election Location(s):			
Feb. 7, 2020		00 AM - 12:0	0 PM			Company facility Training Room			
12a. Full Name of Petitioner (includ			<u> </u>	12b. Address (street and number, city, State and ZIP code):					
Local 726, IUJAT	•	•		93 Lake Aven				2	
12c. Full name of national or internat International Union of Jou				offiliate or constituent (if none, so state):	*		
12d. Tel. No. 203-205-0101	12e. Cell No.		12f. Fax N 203-20		12g. E-Mai	Address @iujat.or	œ.		
13. Representative of the Petitione	r who will accent	service of all o					Б		
13a. Name and Title:		oc. vice of an p		ess (street and number					
Gary Rothman, Esq.					B - 10 시간 10 10 10 10 10 10 10 10 10 10 10 10 10	어디에서 얼마나 얼마나 하셨다.	., Ste 200, Elmsfor	rd, NY	
13c. Tel. No. 13d. Cell No.			13e. Fax N	lo.	13f. E-Mail	13f. E-Mail Address			
914-478-2801		para si	914-47			grothman@rothmanrocco.com			
declare that I have read the above	e petition and tha		are true to the	he best of my knowle	dge and belief.				
Name (Print)		Signature!	1 mg	tr.	Title		704 7717 1 77	Date	
Gary Rothman		Talis	N.W.	1 -1740	-Attorney f	or Local	726, IUJAT	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

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
22-RC-255546	Jan 31, 2020

W-1-200	RC PEIII	ION			22-RC-25	5546		Jan 31, 2020	
amployer concerned is local the amployer and all other p	iled using the Agency's websi led. The polition must be acco erties named in the petition of RB 4812). The showing of Inter	mpanied by f: (1) the petit	both a sh tion; (2) S	owing of interest (s latement of Positio	n form (Form I	nd a cortifica NLRB-505); an	le of service si d (3) Descripti	nowing service on on of Representation	
bargaining by Pelitioner and requests that the National	ION: RC-CERTIFICATION OF F I Petitioner desires to be certific Labor Relations Board proce	d as represen	stelive of th	e employees. The P	etitioner alleg	s that the fol	lowing circums	tences exist and	
28. Name of Employer: AAK USA, Inc.	131 M	b. Address(as) of Establishment(s) involved (Street and number, City, State, ZIP code): 31 Marsh Street, Newark, NJ 07114							
3a. Employer Representative - Name and Title: Michael Kilian, Production Manager			ess (il sam as 2b	e as 2b - state same):				
3c. Tel. No. (973) 344-1300	3d. Cell No.	-				E-Mail Address nn.ferrer@ogletree.com			
4e. Type of Establishment (Fee Refinery	clory, mine, wholesaler, etc.)			oil refining	,	Sa. City as Newar	k, NJ	unit is located:	
5b. Description of Unit Involved Included: Quality Department Instrumentation Chemists	ed: employees, including Laborator	y Technicians	, Senior Q	uality Technicians, a	ind Analyst	6	er of Employees		
employees, watchmen, and sup	i, including executive, manageria pervisors as defined in the NLR/	A.		No site sites		of the repres	employees in the ented by the Pe	e unit wish to be thioner? X Yes No	
on or about (I	for recognition as Bargalning Re Date) (is currently recognized as Barg	If no reply rec	ceived, so	state).			dedined recogn	ition	
8a. Name of Recognized or C	ertifiod Bargaining Agent (<i>If n</i>	one, so state,) 8b. Ad	idress:					
8c, Tel, No.	8d. Cell No.	1	8e. Fax No).	8f. E-Ma	8f, E-Mail Address			
8g. Affiliation, if eny:		8h.	8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Monfl), Day, Year)			oor)			
 Is there now a strike or picket (Name of Labor Organization) 	tling at the Employer's establish	ment(s) involv	ved? No	II so, appro	the bank with a contract		s ere parlicipati er since (Month	-	
Organizations or individuals individuals known to have a None	s other than Petitioner and those a representative interest in any e	named in ite imployees in t	ms 8 end the unit de	9, which have claims scribed in item 5b ab	ed recognition a rove. (If none, s	s representativ o stete)	os and other or	ganizations and	
10s. Neme	10b. Address	· · · · · · · · · · · · · · · · · · ·	•		10c. Tel.	No.	10d. Cell No.		
					10e. Fax	No.	10f, E-Mail Ad	dress	
11. Election Dotalls: If the NLI	RB conducts and election in this	matter, state	your posit	ion with respect to a	ny such election	11a. Electio		Mixed Manual/Mail	
11b. Election Date(s):	11c. Election	Time(s):			11d. Ele	ction Location(s):		
12a. Full Name of Petitlener (Local 1478-2, ILA, A	including local name and number FL-CIO	er):		30 Hennessey					
12c. Full name of national or in International Longsho	ternational labor organization of premen's Association,	which Potition AFL-CIO	ner is an a	ifiliate or constituent	(il nono, so sta	10):			
12d, Tel. No. (973) 344-1433	12e. Cell No. (973) 292-03165		121. Fax N		ilaloc		gmail.com		
13. Representative of the Pet 13a. Name and Title: Local 1478-2, ILA, AFI	Itlaner who will accept service L-CIO	- 1	13b. Addre	ess (street and numb lessey Street, No	er, city, Stale a	nd ZIP code):			
13c. Tel. No. (973) 344-1433	13d. Cell No. (973) 292-03165		13e, Fax N		ilaloca		gmail.com		
I declare that I have read the Name (Print)	above petition and that the st		\ \	ne best of my know	Title			Dale	
Elizabeth Alexander		aliet		SUX-	Attorney			1/13/120	

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 lifigation. The routine uses for the information are fully sol forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB was 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.