

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-226741

Date Filed  
SEP 4, 2018

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

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

2a. Name of Employer:  
FIRST TRANSIT, INC. (REGION 4)

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
1012 WHITEHEAD ROAD EXT., EWING, NEW JERSEY 08638

3a. Employer Representative - Name and Title:  
RANDY CHARN

3b. Address (if same as 2b - state same)  
SAME

3c. Tel No.  
609-883-0811

3d. Cell No.

3e. Fax No.  
609-883-5564

3f. E-Mail Address  
RANDY.CHARN@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 mechanics at the Ewing, New Jersey location.

Excluded: All other employees including utility workers, drivers, dispatchers, controllers, clerical employees, managers, supervisors and guards as defined in the Act.

6a. Number of Employees in Unit:  
2

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) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state)

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act

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

None

8b. Address:

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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):  
September 21, 2018

11c. Election Time(s):  
12:00 - 1:00 p.m.

11d. Election Location(s):  
Safety/Training Room - 1012 Whitehead Rd Ext., Ewing, NJ

12a. Full Name of Petitioner (including local name and number):  
United Service Workers Union, Local 355, IUJAT

12b. Address (street and number, city, State and ZIP code):  
138-50 Queens Boulevard, Briarwood, New York 11435

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.  
718-658-4848

12e. Cell No.

12f. Fax No.  
718-523-4732

12g. E-Mail Address  
JonesM@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 P. Rothman, Esq., Attorney for the Union

13b. Address (street and number, city, State and ZIP code):  
Rothman Rocco LaRuffa, LLP, 3 West Main Street, Suite 200, Elmsford, New York 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 P. Rothman, Esq.

Signature  


Title  
Attorney for the Union

Date  
9/4/2018

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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-226845

Date Filed

SEPTEMBER 6, 2018

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

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

2a. Name of Employer WATERVIEW CENTER		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 536 Ridge Road, Cedar Grove, NJ 07009	
3a. Employer Representative - Name and Title PATRICIA WOOD, REGIONAL CENTER DIRECTOR		3b. Address (If same as 2b - state same) 536 Ridge Road, Cedar Grove, NJ 07009	
3c. Tel. No. (973) 239-9300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) HEALTH CARE		4b. Principal product or service HEALTH CARE	5a. City and State where unit is located: CEDAR GROVE, NEW JERSEY

5b. Description of Unit Involved

Included: Full-time and regular part-time and per diem recreation aide.

Excluded: All supervisors under the Act, and all other employees.

6a. No. 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? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8/29/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **Employer never responded.**  
☐ 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): 9/13/2018	11c. Election Time(s): 10:00 - 11:00 A.M.	11d. Election Location(s): WATERVIEW CENTER
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12a. Full Name of Petitioner (including local name and number) DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102
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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)  
AFSCME

12d. Tel No. (973) 624-1199	12e. Cell No.	12f. Fax No. (973) 622-0801	12g. E-Mail Address
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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 ARNOLD SHEP COHEN, ATTORNEY		13b. Address (street and number, city, state, and ZIP code) 60 PARK PLACE, 6 TH FLOOR, NEWARK, NJ 07102	
13c. Tel No. (973) 642-0161	13d. Cell No.	13e. Fax No. (973) 802-1055	13f. E-Mail Address ASC@OXFELDCOHEN.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) ARNOLD SHEP COHEN	Signature 	Title ATTORNEY	Date 8/31/2018
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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.

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

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-227102

Date Filed

September 11, 2018

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

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

<b>2a. Name of Employer</b> RITZ Laundry Services		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 179 Lafayette St NJ Paterson 07501-1132	
<b>3a. Employer Representative - Name and Title</b>		<b>3b. Address</b> (If same as 2b - state same) 179 Lafayette St NJ Paterson 07501-1132	
<b>3c. Tel. No.</b> (973) 977-8001	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Hotels & Motels		<b>4b. Principal product or service</b> Commercial Laundry Services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Paterson, NJ <b>6a. No. of Employees in Unit:</b> 60 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

**9. Is there now a strike 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)

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

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

<b>11b. Election Date(s):</b> 9/28/18	<b>11c. Election Time(s):</b> 9am - 11am; 6pm - 8pm	<b>11d. Election Location(s):</b> Break Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Josh Gottlieb B.A.T. Local 514	<b>12b. Address (street and number, city, state, and ZIP code)</b> 777 Westchester Ave Ste 101 NY West Harrison 10604-3520
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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)  
Brotherhood of Amalgamated Trades

<b>12d. Tel No.</b> (914) 705-5488	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jgottlieb@localunion514.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Josh Gottlieb	<b>Signature</b> Josh Gottlieb	<b>Title</b> President	<b>Date</b> 09/11/2018 11:43:30
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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-227102	Date Filed September 11, 2018

**Employees Included**

All Full time and regular part time production employees, maintenance, mechanics, drivers, and helpers.

**Employees Excluded**

All clerical, managers, supervisors and guards as defined by the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. 22-RC-227572	Date Filed Sep 18, 2018

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

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

2a. Name of Employer Capstone Logistics, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 20 Theodore Conrad Drive, Jersey City, NJ 07305
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3a. Employer Representative - Name and Title Steve Goodman, Esq. - Attorney	3b. Address (If same as 2b - state same) 58 South Service Road, Suite 250, Melville, NY 11747
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3c. Tel. No. 631-242-4610	3d. Cell No.	3e. Fax No. 631-247-0417	3f. E-Mail Address Steven.Goodman@jacksonlewis.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse	4b. Principal product or service Warehousing and distribution of food products	5a. City and State where unit is located: Jersey City, NJ
--	---	--

5b. Description of Unit Involved Included: All full-time and regular part-time warehouse clerks, lumpers, and unloaders Excluded: Guards and supervisors	6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <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). None	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)  
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. Petitioner seeks immediate 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): September 28, 2018	11c. Election Time(s): 5:30am to 6:30am	11d. Election Location(s): Operations Conference Room (near dispatch)
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12a. Full Name of Petitioner (including local name and number) Local Union No. 863 IBT	12b. Address (street and number, city, state, and ZIP code) 209 Summit Rd., Mountainside, NJ 07092
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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 Brotherhood of Teamsters
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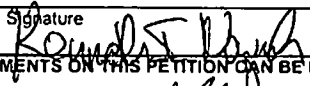
12d. Tel No. 908-654-6990	12e. Cell No.	12f. Fax No. 908-654-8341	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kenneth I. Nowak, Attorney for Petitioner	13b. Address (street and number, city, state, and ZIP code) Zazzali Law Firm, 570 Broad Street, Suite 1402, Newark, NJ 07102
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13c. Tel No. 973-623-1822	13d. Cell No. 973-699-7383	13e. Fax No. 973-623-2209	13f. E-Mail Address knowak@zazzali-law.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kenneth I. Nowak, Esq.	Signature 	Title Attorney for Petitioner	Date 9/18/2018
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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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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-227678

Date Filed

9/20/2018

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

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

**2a. Name of Employer**

United Rentals, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

2000 Roosevelt Ave  
NJ South Plainfield 07080-1476

**3a. Employer Representative - Name and Title**

Beth R. Moss

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

**3c. Tel. No.**

(203) 618-7333

**3d. Cell No.**

(203) 918-7513

**3e. Fax No.**

**3f. E-Mail Address**

bmos@ur.com

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

Construction Services

**4b. Principal product or service**

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

South Plainfield, NJ

**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:**

6

**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) \_\_\_\_\_ 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.

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

**11b. Election Date(s):**  
October 11, 2018

**11c. Election Time(s):**  
9:00 A.M.

**11d. Election Location(s):**  
2000 Roosevelt Avenue, South Plainfield, NJ 07080

**12a. Full Name of Petitioner (including local name and number)**

Pat Hjelm  
International Union of Operating Engineers Local 825

**12b. Address (street and number, city, state, and ZIP code)**

65 Springfield Avenue Third Floor  
NJ Springfield 07081

**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

**12d. Tel No.**

(973) 671-6962

**12e. Cell No.**

(201) 572-6658

**12f. Fax No.**

(973) 921-2918

**12g. E-Mail Address**

phjelm@iuoe825.org

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

**13a. Name and Title**

Daniel Stark Esq. Attorney  
DeCotiis FitzPatrick Cole & Giblin LLP

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

500 Frank W. Burr Blvd. Suite 31  
NJ Teaneck 07666

**13c. Tel No.**

(201) 347-2129

**13d. Cell No.**

**13e. Fax No.**

(201) 928-0588

**13f. E-Mail Address**

dastark@decotiislaw.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)**

Daniel Stark Esq.

**Signature**

Daniel Stark

**Title**

Attorney

**Date**

09/20/2018 12:28:16

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.

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

Attachment

Employees Included

Truck Drivers, Mechanics, Field Technicians

Employees Excluded

All other employees, office clericals, guards, and supervisors as defined by the Act