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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 22-RC-226741

SEP 4, 2018

INSTRUCTIONS: Unless e-Filed u amployer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied tition of: (1) the p	by both a s letition; (2)	howing of interest (see Statement of Position f	65 below) and orm (Form NLF	a cortificat RB-505); and	o of service showing so t (3) Description of Rep	rvice on resentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	tioner desires to be	certified as repre-	sentative of	the employees. The Peti	tioner alleges 1	that the follo	owing circumstances e	
2a. Name of Employer: FIRST TRANSIT, INC. (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 - Nar RANDY CHARN	me and Title:	3b Ac SAN		ne as 2b - state same)				
3c Tel No 609-883-0811	3d Cell No		3e Fax N	3-5564	3f E-Mail A	ddress '.CHARI	N@FIRSTGROU	P.COM
4a. Type of Establishmont (Factory, TRANSPORTATION	mine, wholesaler.	elc)		pa Product or Service ortation Services		5a City an	d State where unit is loca New Jersey	
5b. Description of Unit Involved: Included:						6a Numbe	r of Employees in Unit:	
All mechanics at the Ewin	ng, New Jerse ees including	y location. utility worke	rs. drive	rs. dispatchers.	controllers.	65 Do a si	distantial number (30%)	or woto)
clerical employee	es, managers	s, supervisor	s and gu	lards as defined	in the Act.	of the a	mplayees in the unit wis nied by the Pelifonar? [n to be
Check Onc: 7a Request for recon or about (Date)			ve was mad received, so		end	Employer of	ledined recognition	
7b Petitioner is cui 8g. Name of Recognized or Certific				and desires certification ddress:	under the Act			
None		·						
ec Tel No	8d Cell No.		Be Fax N	0.	8f E-Mail A	ddress		
8g. Affiliation, if any:				th, 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) 10 Organizations or individuals other	r than Petitioner a	nd those named in	items 8 and	9 which have claimed r	·		er since (Month, Day, Ye	
individuals known to have a repre								
10a Name	10b,	Address			10c Tel No)	10d Cell No.	
					10e Fax No)	10f E-Mail Address	
11. Election Details: If the NLRB ∞	nducts and electio	n in this matter, st	ale your pos	ilion with respect to any	such election:	11a Electio	n Type:	<u> </u>
			·		1	Manua		Manual/Mail
11b. Election Date(s): September 21, 2018		Election Time(s): 10 - 1:00 p.m			Safety/Trail Ewing, NJ	ning Room	1012 Whitehead Rd	Ext.,
12a. Full Name of Petitioner finciud United Service Workers L				12b Address (street a 138-50 Queens	nd number, city		ood, New York 1	1435
12c. Full name of national or internat International Union of Jou				affiliate or constituent (if	none, so stale)	:		
12d Tel No. 718-658-4848	12e Cell No.		12f Fax f 718-52	No 23-4732	JonesM	Address @IUJAT	ORG.	
13. Representative of the Petitione 13a. Name and Title: Gary P. Rothman, Esq., Atto			13b. Addi	ress (street and number,	city, State and	ZIP code):	rect, Suite 200, Elt	nsford. New
			York 1	0523			, , ••••	. , , ,
13c Tel No. 914-478-2801	13d Cell No		13e Fax 9[4-47	No 78-2913	13f E-Mail grothma		manrocco.com	
I declare that I have read the above Name (Print)	potition and the	t the statements	are true to I		go and boiles. Tille			Date
Gary P. Rothman, Esq.		Frus	Kat		Attorney fo	or the Un	ion	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 J.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 vo uniary, however, failure to supply the information may cause the NLRB to decline to invoke its processes

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-PC-226845	CEDTEMBED	6	2018		

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer WATERVIEW CENTER 536 Ridge Road, Cedar Grove, NJ 07009 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 536 Ridge Road, Cedar Grove, NJ 07009 PATRICIA WOOD, REGIONAL CENTER DIRECTOR 3f. E-Mail Address 3c. Tel. No. (973) 239-9300 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **HEALTH CARE HEALTH CARE** CEDAR GROVE, NEW JERSEY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Full-time and regular part-time and per diem recreation aide. 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All supervisors under the Act, and all other employees. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 8/29/2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Employer never responded. 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? If so, approximately how many employees are participating? , 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. 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: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10:00 - 11:00 A.M. WATERVIEW CENTER 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102 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. 12e. Cell No. 12f. Fax No. 12g. F-Mail Address (973) 624-1199 (973) 622-0801 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 13d. Cell No. 13c. Tel No 13e. Fax No. 13f. E-Mail Address (973) 642-0161 (973) 802-1055 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) Signature Title Date ARNOLD SHEP COHEN ATTORNEY 8/31/2018

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-227102	September 1	2018			

	ETITION			<u> </u>	22110	2 Sep	tember 11, 2018	
INSTRUCTIONS: Unless e-Filed								
in which the employer concern								
	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 <u>not</u> be served on the employer or any other party.								
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION OF	REPRESENTATI	VE - A sub	stantial number of				
bargaining by Petitioner and Petition	er desires to be certific	ed as representativ	ve of the er	mployees. The P	etitioner alleges th	at the following	circumstances exist and	
requests that the National Labor F 2a. Name of Employer	relations Board proc				(s) involved (Street a			
RITZ Laundry Services		17	79 Lafayett	e St	(-)tb.:-54 [01/06] (
3a. Employer Representative - Name	and Title	N	3b. Add	07501-1132 Iress (If same as	2b - state same)			
, , ,			1,7	9 Lafayette St J Paterson 07501	, 11132			
3c. Tel. No.	3d. Cell No.		3e. Fax		-1194;	3f. E-Mail Addr	ess	
(973) 977-8001							j	
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal pro-	duct or ser	vice		5a. City a	nd State where unit is located:	
Hotels & Motels			Comme	ercial Laundry Sei	rvices		Paterson, NJ	
5b. Description of Unit Involved			 		<u> </u>		6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ac	Iditional details					Ļ	60	
							6b. Do a substantial number (30% or more) of the employees in the	
Excluded: See Attached Page 2 for ac	Iditional details						unit wish to be represented by the	
							Petitioner? Yes 🔼 No 🔲	
Check One: 7a. Request f	or recognition as Barg	aining Representa	itive was m	nade on (Date)	ar	d Employer decl	ned recognition on or about	
		If no reply receive		•				
	is currently recognize		epresentat		ertification 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 Addr	ess	
33 35 110.			55.7 82					
8g. Affiliation, if any	···· 		8h. Date o	of Recognition or	Certification		ate of Current or Most Recent	
						Contract, if any	(Month, Day, Year)	
	L. Frankrig de constitu	h	2	16	mataly bays as a	malaydas ses ses	ticinating?	
9. Is there now a strike or picketing at t							ucipaulig (
(Name of labor organization)							·	
10. Organizations or individuals other t						resentatives and	other organizations and individuals	
known to have a representative interes	t in any employees in t	ine unit described i	ın item 55 i	apove. (If none,	so state)		ļ	
10a. Name 10b. Address 10c. Tel. No. 10d. Cell No.					10d. Cell No.			
					133. 731. 110.		_	
1				ļ	10e. Fax No. 10f. E-Mail Ad		10f. E-Mail Address	
				741				
 Election Details: If the NLRB con- any such election. 	ducts an election in thi	s matter, state you	ir position v	with respect to	11a, Election Type	: 🚺 Manual 📗	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. El	ection Time(s):			11d. Election Location(s):			
9/28/18 9am - 11am; 6pm - 8pm				Break Room				
12a. Full Name of Petitioner (including local name and number)							ity, state, and ZIP code)	
Josh Gottlieb 777 Westchester Ave Ste 101 NY West Harrison 10604-3520 199 Harrison 10604-3520								
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								
12d. Tel No.	12e. Cell No.		12f. Fax	(No.		12g. E-Mail Ad jgottlieb@local	dress	
(914) 705-5488			<u></u>			jgottlieb@local	union514.com	
13. Representative of the Petitioner who will accept service of all papers fo				-				
13a. Name and Title			13b. Ad	dress (street and	I number, city, state,	and ZIP code)		
						ior e	1	
13c. Tel No.	13d. Cell No.		13e. Fa	x No.		13f. E-Mail Add	iress	
I declare that I have read the above p	netition and that the	statements are tr	ue to the h	est of my know	ledge and helief			
		statements are tri		- In the kilow	ye and Deliel.	Doto		
Name (Print) Josh Gottlieb	Signature Josh Gottlieb			Title President		1	Date 09/11/2018 11:43:30	
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PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
22-RC-227102	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	Sep 18, 2018				

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) Capstone Logistics, LLC 20 Theodore Conrad Drive, Jersey City, NJ 07305 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Steve Goodman, Esq. - Attorney 58 South Service Road, Suite 250, Melville, NY 11747 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 631-242-4610 631-247-0417 Steven.Goodman@jacksonlewis.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Warehouse Warehousing and distribution of food products Jersey City, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time warehouse clerks, lumpers, and unloaders 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Guards and supervisors Petitioner? Yes No 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 None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f F-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 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: / Manual Mail ____ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): September 28, 2018 Operations Conference Room (near dispatch) 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) Local Union No. 863 IBT 209 Summit Rd., Mountainside, NJ 07092 12c. Full name of national or international labor organization of which Pelitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d Tel No 12e. Cell No. 12f. Fax No. 12q. E-Mail Address 908-654-6990 908-654-8341 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) Zazzeti Law Firm, 570 Broad Street, Suite 1402, Newark, NJ 07102 13c, Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 973-623-1822 973-699-7383 973-623-2209 knowak@zazzali-law.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Kenneth I. Nowak, Esq. Attorney for Petitioner 9/18/2018

WALLFUL FALSE STATEMENTS ON THIS PETITION OAN 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 R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-227678	9/20/2018				

INSTRUCTIONS: Unless e-Filed	using the Agend	cy's website, wv	vw.nlrb.gov, submit a	n original of this P	etition to a	n 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							
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1. PURPOSE OF THIS PETITION: RC-	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						
bargaining by Petitioner and Petitioner requests that the National Labor R							
2a. Name of Employer	elations Board pro-		dress(es) of Establishment				
United Rentals, Inc.		20	000 Roosevelt Ave I South Plainfield 07080-14	` '	, . , ,	,	
3a. Employer Representative - Name	and Title	N	3b. Address (If same as				
Beth R. Moss							
3c. Tel. No.	3d. Cell No.		3e. Fax No.	3	f. E-Mail Addr	ess	
(203) 618-7333	(203) 918-751	3			moss@ur.com		
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro-	duct or service		5a. City a	and State where unit is located:	
Construction Services	· · · · · · · · · · · · · · · · · · ·					South Plainfield, NJ	
5b. Description of Unit Involved					-	6a. No. of Employees in Unit:	
Included: See Attached Page 2 for add	ditional details				ļ	6 6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for add	ditional details				Ī	unit wish to be represented by the	
						Petitioner? Yes [] No []	
Check One: 7a. Request for	•		tive was made on (Date) _	and I	Employer decl	ined recognition on or about	
		(If no reply received	•				
			epresentative and desires of	certification under the A	ct.		
8a. Name of Recognized or Certified	Bargaining Agent (it none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		f, E-Mail Addr	ess	
50. 107,10.	00 00				.,		
8g. Affiliation, if any			8h. Date of Recognition or			Pate of Current or Most Recent	
				(Contract, if any	(Month, Day, Year)	
	- F1 d4-1-1		2 No	imately how many emp		tisis atis 2	
9. Is there now a strike or picketing at the				· · · · · · · · · · · · · · · · · · ·	loyees are par	ucipating?	
(Name of labor organization)				_			
10. Organizations or individuals other the known to have a representative interest	an Petitioner and the	ose named in items	8 and 9, which have claime	ed recognition as repres	sentatives and	I other organizations and individuals	
KIOWII to Have a representative interest	in any employees in	the dim described	in item ab above. (ii none,	do didio)			
10a, Name	10b. Ad	ddress		10c. Tel. No.		10d. Cell No.	
	l						
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	lucte an election in th	nie matter, state vou	r position with respect to	A4a Flanta T and	i Manual C	7 Mail T Mined Manual/Mail	
any such election.	lucis an election in t	iis illatter, state you	ii position with respect to	11a. Election Type: 1	on Type: Manual Mail Mail Mixed Manual/Mail		
11b. Election Date(s):	1	lection Time(s):		11d. Election Location(s):			
October 11, 2018	9:00 A			2000 Roosevelt Avenue, South Plainfield, NJ 07080 12b. Address (street and number, city, state, and ZIP code)			
12a. Full Name of Petitioner (including Pat Hielm International Union of Operating Engineers Loc	g local name and r	iumber)		12b. Address (street 65 Springfield Avenue	<i>ang number, c</i> Third Floor	city, state, and ZIP code)	
Pat Hjelm 65 Springfield Avenue Third Floor NJ. 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 Engineer		TOT WITHOUT COMOTICE	to air airillato or correllatori	. ()			
12d. Tel No.	12e, Cell No.		12f. Fax No.		2g. E-Mail Ac		
(973) 671-6962	(201) 572-6658		(973) 921-2918		hjelm@iuoe8	25.org	
13. Representative of the Petitioner v	vho will accept serv	vice of all papers fo					
13a. Name and Title Daniel Stark Esg. Attorney			13b. Address (street and		nd ZIP code)		
DeCotiis FitzPatrick Cole & Giblin LLP	1 - 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		500 Frank W. Burr Blvd. NJ Teaneck 07666-		(0) F 1: " : :	4	
13c. Tel No.	13d. Cell No.		13e. Fax No. (201) 928-0588		l 3f. E-Mail Adı lastark@deco		
(201) 347-2129 I declare that I have read the above p	etition and that the	statements are tr	1 , , ,				
·		- statements are tri		neage and bellet.	Dot-		
Name (Print)	Signature Daniel Stark		Title Attorney		Date	12:20:16	

Daniel Stark Esq. | Daniel Stark | Attorney | 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