

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-254328	Date Filed 1/8/20
--------------------------	----------------------

**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> ARS Hospitality LLC d/b/a Wyndham Mt. Laurel	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1111 N.J. 73, Mt. Laurel, NJ 08054
------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------

<b>3a. Employer Representative - Name and Title:</b> Ibrahim Firozbahary, General Manager	<b>3b. Address (if same as 2b - state same):</b> Same
----------------------------------------------------------------------------------------------	----------------------------------------------------------

<b>3c. Tel. No.</b> 856-437-0900	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
-------------------------------------	---------------------	--------------------	---------------------------

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> hotel and restaurant	<b>4b. Principal Product or Service</b> lodging and eatery	<b>5a. City and State where unit is located:</b> Mt. Laurel, New Jersey
--------------------------------------------------------------------------------------------	---------------------------------------------------------------	----------------------------------------------------------------------------

<b>5b. Description of Unit Involved:</b> Included: All full-time and regular part-time employees in the housekeeping and food/beverage departments.  Excluded: All other employees including front desk and maintenance employees, office clerical, professional, confidential and managerial employees, guards and supervisors as defined in the Act.	<b>6a. Number of Employees in Unit:</b> 36
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------

<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 1/8/20 and Employer declined recognition on or about (Date) NO REPLY (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 (If none, so state)</b> None	<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 (Month, Day, Year)</b>
---------------------------------	-------------------------------------------------	------------------------------------------------------------------------------------------

**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)**

<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:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> January 31, 2020	<b>11c. Election Time(s):</b> 6:00 - 8:00 a.m. & 1:00 - 3:00 p.m.	<b>11d. Election Location(s):</b> at hotel
---------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------

<b>12a. Full Name of Petitioner (including local name and number):</b> UNITE HERE Local 54	<b>12b. Address (street and number, city, State and ZIP code):</b> 1014 Atlantic Avenue Atlantic City, NJ 08401
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------

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

<b>12d. Tel. No.</b> 609-344-5400	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> cmagoulas@unitehere.org
--------------------------------------	----------------------	---------------------	-------------------------------------------------------

<b>13a. Name and Title:</b> Cassie R. Ehrenberg, Esquire	<b>13b. Address (street and number, city, State and ZIP code):</b> 325 Chestnut Street, Suite 200, Philadelphia, PA 19106
-------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

<b>13c. Tel. No.</b> 215-735-9099	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 215-640-3201	<b>13f. E-Mail Address</b> cehrenberg@cjtllaw.org
--------------------------------------	----------------------	-------------------------------------	------------------------------------------------------

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> Cassie R. Ehrenberg	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 1/8/20
--------------------------------------------	----------------------	--------------------------	-----------------------

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 may cause the NLRB to decline to invoke its processes.

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>04-RC-254794</b>	Date Filed <b>1/17/20</b>

**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> Sunbelt Rentals	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 89 2nd St. PA Wilkes-Barre 18702-
------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

<b>3a. Employer Representative - Name and Title</b> Josh Johnson	<b>3b. Address (if same as 2b - state same)</b> 89 2nd St. PA Wilkes-Barre 18702-
---------------------------------------------------------------------	-----------------------------------------------------------------------------------------

<b>3c. Tel. No.</b> (800) 667-9328	<b>3d. Cell No.</b> (267) 512-3903	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Joshua.Johnson@sunbeltrentals.com
---------------------------------------	---------------------------------------	--------------------	----------------------------------------------------------------

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Rental & Leasing	<b>4b. Principal product or service</b> Construction equipment rental/repair	<b>5a. City and State where unit is located:</b> Wilkes Barre, PA
----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------	----------------------------------------------------------------------

<b>5b. Description of Unit Involved</b>	<b>6a. No. of Employees in Unit:</b> 9
<b>Included:</b> See Attached Page 2 for additional details	<b>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"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<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 (Month, Day, Year)</b>
--------------------------------	-------------------------------------------------	------------------------------------------------------------------------------------------

**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>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
------------------------------------------------------------------------------------------------------------------------------------------------

<b>11b. Election Date(s):</b> January 28, 29, 30, 2020	<b>11c. Election Time(s):</b> 6-9 am	<b>11d. Election Location(s):</b> Employers Wilkes-Barre facility
-----------------------------------------------------------	-----------------------------------------	----------------------------------------------------------------------

<b>12a. Full Name of Petitioner (including local name and number)</b> John J Judge John Judge International Union of operating Engineers, Local 542	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1375 Virginia Drive PA Fort Washington 19034-
-----------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

**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

<b>12d. Tel No.</b> (215) 542-7500	<b>12e. Cell No.</b> (610) 781-6260	<b>12f. Fax No.</b> (215) 542-7557	<b>12g. E-Mail Address</b> john.judge@iuoe542.com
---------------------------------------	----------------------------------------	---------------------------------------	------------------------------------------------------

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

<b>13a. Name and Title</b> Louis Agre Esq., Counsel IUOE Local 542 International Union of Operating Engineers	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1375 Virginia Drive PA Fort Washington 19034-
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

<b>13c. Tel No.</b> (215) 542-7500	<b>13d. Cell No.</b> (215) 852-6548	<b>13e. Fax No.</b> (215) 542-7557	<b>13f. E-Mail Address</b> lou.agre@iuoe542.com
---------------------------------------	----------------------------------------	---------------------------------------	----------------------------------------------------

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> John J Judge	<b>Signature</b> John J Judge	<b>Title</b> Business agent	<b>Date</b> 01/17/2020 10:15:23
-------------------------------------	----------------------------------	--------------------------------	------------------------------------

**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**

Attachment

Case	Date Filed
04-RC-254794	1/17/20

Employees Included

Mechanics, lead mechanics, road mechanics, drivers, yard persons

Employees Excluded

All other employees

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-254818	Date Filed 1-17-20

**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 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: <b>Defender Association of Philadelphia</b>	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>1441 Sansom Street, Philadelphia, PA 19102</b>
----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

3a. Employer Representative - Name and Title: <b>Kier Bradford Grey, Chief Defender</b>	3b. Address (if same as 2b - state same): <b>SAME</b>
--------------------------------------------------------------------------------------------	----------------------------------------------------------

3c. Tel. No. <b>215-568-3190</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>kbgrey@philadefender.org</b>
-------------------------------------	--------------	-------------	-------------------------------------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>law office</b>	4b. Principal Product or Service <b>legal defense services</b>	5a. City and State where unit is located: <b>Philadelphia, PA</b>
----------------------------------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------------------------------------

5b. Description of Unit Involved: Included: All full-time and regular part-time attorneys (including law school graduates hired as attorneys but not yet admitted to the bar) employed by the Employer. Excluded: All other employees (including administrative staff, investigators, paralegals, social workers and maintenance) and guards and supervisors as defined in the Act.	6a. Number of Employees in Unit: <b>200</b>	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
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7a. Request for recognition as Bargaining Representative was made on (Date) <b>12/2/2019</b> and Employer declined recognition on or about (Date) <b>1/17/2020</b> (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:
--------------------------------------------------------------------------	--------------

6c. 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? <b>No.</b> 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 6 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>None</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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): <b>Thursday, February 6, 2020</b>	11c. Election Time(s): <b>9:00 a.m. - 11:00 a.m. / 2:00 p.m. - 4:00 p.m.</b>	11d. Election Location(s): <b>Employer's Offices</b>
-------------------------------------------------------------	---------------------------------------------------------------------------------	---------------------------------------------------------


12a. Full Name of Petitioner (including local name and number): <b>UAW Region 9</b>	12b. Address (street and number, city, State and ZIP code): <b>1930 Marlton Pike East Cherry Hill, NJ 08003</b>
----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>LFarell@uaw.net</b>
---------------	---------------	--------------	-----------------------------------------------

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: <b>Cassie R. Ehrenberg, Esquire</b>	13b. Address (street and number, city, State and ZIP code): <b>325 Chestnut Street, Suite 200, Philadelphia, PA 19106</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

13c. Tel. No. <b>215-735-9099</b>	13d. Cell No.	13e. Fax No. <b>215-640-3201</b>	13f. E-Mail Address <b>cehrenberg@cjlilaw.org</b>
--------------------------------------	---------------	-------------------------------------	------------------------------------------------------

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Cassie R. Ehrenberg</b>	Signature 	Title <b>Attorney</b>	Date <b>1/17/20</b>

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. 04-RC-254850	Date Filed 1/21/20

**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**  
Sunbelt Rentals, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
200 Happy Lane  
DE Newark 19711-

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

**3b. Address (if same as 2b - state same)**  
200 Happy Lane  
DE Newark 19711-

**3c. Tel. No.**  
(302) 369-3880

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
pcn1178@sunbeltrentals.com

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

**4b. Principal product or service**

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

**6b. 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:**  
10

**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? \_\_\_\_\_ 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):**  
Friday, February 7, 2020

**11c. Election Time(s):**  
6:00 a.m. to 7:00 a.m.

**11d. Election Location(s):**  
Employee Breakroom at the Employer's 200 Happy Lane, Newark, Delaware

**12a. Full Name of Petitioner (Including local name and number)**  
Howard Halverson  
Plumbers, Pipefitters and Service Techs Local 74

**12b. Address (street and number, city, state, and ZIP code)**  
201 Executive Court  
DE Newark 19702-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, AFL-CIO

**12d. Tel No.**  
(302) 636-7400

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
organizer@ualocal74.com

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

**13a. Name and Title**  
Lance Geren Attorney  
O'Donoghue & O'Donoghue, LLP

**13b. Address (street and number, city, state, and ZIP code)**  
325 Chestnut Street, Suite 600  
PA Philadelphia 19106-

**13c. Tel No.**  
(215) 629-4970

**13d. Cell No.**  
(202) 805-6148

**13e. Fax No.**  
(215) 629-4996

**13f. E-Mail Address**  
lgeren@odonoghuelaw.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)**  
Lance Geren

**Signature**  
Lance Geren

**Title**  
Attorney

**Date**  
01/21/2020 10:27:28

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

**Employees Included**

All full-time and regular part-time Yard Associates and HVAC Technicians I, II and III employed by the Employer at its 200 Happy Lane, Newark, Delaware facility.

**Employees Excluded**

All other employees, office clericals, Outside Sales Reps, Equipment Rental Specialists, Dispatchers, management employees, professional employees, guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-254891	Date Filed 1/21/20

**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:** North Philadelphia Health System  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 801 Girard Avenue, Philadelphia, PA 19122

**3a. Employer Representative - Name and Title:** Gerri Walker, President & CEO  
**3b. Address (if same as 2b - state same):** same

**3c. Tel. No.** 215-787-9001  
**3d. Cell No.**  
**3e. Fax No.**  
**3f. E-Mail Address** gwalker@bwellctr.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Healthcare Facility  
**4b. Principal Product or Service** Healthcare  
**5a. City and State where unit is located:** Philadelphia, PA

**5b. Description of Unit Involved:**  
 Included:  
 All employees in the Business Department  
 Excluded:  
 Financial Counselors; Managers and Supervisors as defined in Section 2(11) of the Act

**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?**  Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ by petition and Employer declined recognition on or about (Date) n/a (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)**  
 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:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** February 6, 2020  
**11c. Election Time(s):** 10:00 a.m.  
**11d. Election Location(s):** Auditorium

**12a. Full Name of Petitioner (including local name and number):** NUHCE, District 1199c  
**12b. Address (street and number, city, State and ZIP code):** 1319 Locust St., Philadelphia, PA 19107

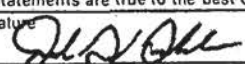
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** National Union of Hospital and Health Care Employees, AFSCME

**12d. Tel. No.** 214-735-1300  
**12e. Cell No.**  
**12f. Fax No.** 215-735-9878  
**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:** Joseph D. Richardson, Esq.  
**13b. Address (street and number, city, State and ZIP code):** Willig, Williams & Davidson, 1845 Walnut St., 24th Fl., Phila. PA 19103

**13c. Tel. No.** (215)656-3655  
**13d. Cell No.** (267)721-4068  
**13e. Fax No.** (215)561-5135  
**13f. E-Mail Address** jrichardson@wwdlaw.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) Joseph D. Richardson  
 Signature   
 Title Counsel to Petitioner  
 Date 1/21/20

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 may cause the NLRB to decline to invoke its processes.

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>04-RC-255079</b>	Date Filed <b>1-23-20</b>

**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> A. J. Jersey INC.	<b>2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)</b> 125 ST. Nicholas Ave NJ SO. Plainfield 07080
--------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

<b>3a. Employer Representative - Name and Title</b> Jeff Cordery	<b>3b. Address (if same as 2b - state same)</b> 8301 Industrial Blvd PA Breinigsville 18031-
---------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

<b>3c. Tel. No.</b> (908) 527-3369	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
---------------------------------------	---------------------	--------------------	---------------------------

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Constr. & Agric. Machinery	<b>4b. Principal product or service</b> Forklift Maintenance	<b>5a. City and State where unit is located:</b> Breinigsville, PA
--------------------------------------------------------------------------------------------------	-----------------------------------------------------------------	-----------------------------------------------------------------------

<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>6a. No. of Employees in Unit:</b> 9 <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 (if none, so state).</b>	<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 (Month, Day, Year)</b>
--------------------------------	-------------------------------------------------	------------------------------------------------------------------------------------------

**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>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> February 12, 2020	<b>11c. Election Time(s):</b> 0530 to 0700 and 1330 to 1500	<b>11d. Election Location(s):</b> Employee Lunchroom
------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------	----------------------------------------------------------------	---------------------------------------------------------

<b>12a. Full Name of Petitioner (including local name and number)</b> Matt Weldman Matt Weldman - Teamster Local 773	<b>12b. Address (street and number, city, state, and ZIP code)</b> 3614 Lehigh St Suite A PA Whitehall 18052-
----------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

**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

<b>12d. Tel No.</b> (610) 841-3284	<b>12e. Cell No.</b> (484) 506-7509	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mweldman@teamster773.org
---------------------------------------	----------------------------------------	---------------------	--------------------------------------------------------

**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 (street and number, city, state, and ZIP code)</b>
----------------------------	--------------------------------------------------------------------

<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> Matt Weldman	<b>Signature</b> Matt Weldman	<b>Title</b> Business Agent / Organizer	<b>Date</b> 01/23/2020 14:01:58
-------------------------------------	----------------------------------	--------------------------------------------	------------------------------------

**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**

Attachment

Case  
04-RC-255079

Date Filed  
1-23-20

**Employees Included**

All Full-Time and Regular Part-Time blue collar Forklift Mechanics, Forklift Battery Changers and Forklift Service Preparation

**Employees Excluded**

All other employees including but not limited to managers, supervisors 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. <b>04-RC-255318</b>	Date Filed <b>1/29/20</b>

**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:**  
R and R Steel, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
5190 Gilmour Rd, Morrow, OH 45152

**3a. Employer Representative - Name and Title:**  
Ronnie C. Estes, Owner  
Ryan Doan

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

**3c. Tel. No.** 513-813-4136      **3d. Cell No.**      **3e. Fax No.**      **3f. E-Mail Address**

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

**4b. Principal Product or Service**  
installing rebar

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

**5b. Description of Unit Involved:**  
Included:  
See Attachment  
Excluded:

**6a. Number of Employees in Unit:**  
12

**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) 01/28/2020 and Employer declined recognition on or about (Date) NO REPLY (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)**  
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:**  
 Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
February 13, 2020

**11c. Election Time(s):**  
10:30 am to 12:30 pm

**11d. Election Location(s):**  
200 Rising Sun Rd. Bordentown, NJ 08505

**12a. Full Name of Petitioner (including local name and number):**  
International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, Phila District Council

**12b. Address (street and number, city, State and ZIP code):**  
26 E. Fleming Pike  
Hammonton, NJ 08037

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers

**12d. Tel. No.**      **12e. Cell No.** 856-617-3165      **12f. Fax No.** 856-456-8702      **12g. E-Mail Address** epenna@iwintl.org

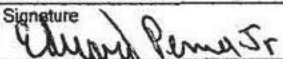
**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Edward Penna Jr.

**13b. Address (street and number, city, State and ZIP code):**  
26 E. Fleming Pike  
Hammonton, NJ 08037

**13c. Tel. No.**      **13d. Cell No.** 856-617-3165      **13e. Fax No.** 856-456-8702      **13f. E-Mail Address** epenna@iwintl.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)** Edward Penna Jr.      **Signature**       **Title** District Representative      **Date** 1/28/2020

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.

## Attachment:

**Included:** All full-time and regular part-time reinforcing iron workers working within the geographical jurisdiction of the Iron Workers Philadelphia District Council.

**Excluded:** All other employees, including but not limited to reinforcing iron workers working outside the geographical jurisdiction of the Iron Workers Philadelphia District Council, professional employees, office clerical employees, guards, and supervisors as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**FIRST AMENDED RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-255318	Date Filed 1/29/20

**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> R and R Steel, LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5190 Gilmour Road, Morrow, OH 45152
----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

<b>3a. Employer Representative - Name and Title:</b> Ryan Doan	<b>3b. Address (if same as 2b - state same):</b> Same as above
-------------------------------------------------------------------	-------------------------------------------------------------------

<b>3c. Tel. No.</b> 513-813-4136	<b>3d. Cell No.</b> 513-255-3499	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ryan@randrsteel.com
-------------------------------------	-------------------------------------	--------------------	--------------------------------------------------

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Rebar Installation Company	<b>4b. Principal Product or Service</b> Installing rebar	<b>5a. City and State where unit is located:</b> Bordentown, New Jersey
--------------------------------------------------------------------------------------------------	-------------------------------------------------------------	----------------------------------------------------------------------------

<b>5b. Description of Unit Involved:</b> Included: See Attachment	<b>6a. Number of Employees in Unit:</b> 8
-------------------------------------------------------------------------	----------------------------------------------

Excluded: See Attachment	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Check One:  **7a. Request for recognition as Bargaining Representative was made on (Date) 01/28/2020 and Employer declined recognition on or about (Date) NO REPLY (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 (if none, so state)</b> None	<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 (Month, Day, Year)</b>
---------------------------------	-------------------------------------------------	------------------------------------------------------------------------------------------

**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

<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:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> February 19, 2020	<b>11c. Election Time(s):</b> 10:30 a.m. to 12:30 p.m.	<b>11d. Election Location(s):</b> 200 Rising Sun, Bordentown, NJ 08505
----------------------------------------------------	-----------------------------------------------------------	---------------------------------------------------------------------------

<b>12a. Full Name of Petitioner (including local name and number):</b> International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, Philadelphia Dist. Council	<b>12b. Address (street and number, city, State and ZIP code):</b> 26 E. Fleming Pike Hammonton, NJ 08037
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers

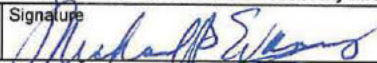
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
----------------------	----------------------	---------------------	----------------------------

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

<b>13a. Name and Title:</b> Michael A. Evans, Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 4399 Laclede Avenue, St. Louis, MO 63108
-----------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

<b>13c. Tel. No.</b> 314-531-1054	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 314-531-1131	<b>13f. E-Mail Address</b> mevans@hrjlaw.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) Michael A. Evans	Signature 	Title Attorney for Petitioner	Date 02/10/202
----------------------------------	--------------------------------------------------------------------------------------------------	----------------------------------	-------------------

**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.

## **Attachment**

**Included:** All full-time and regular part-time reinforcing iron workers working within the following counties:

Delaware: All Counties

New Jersey: All Counties

Maryland: Cecil County

Pennsylvania: Philadelphia, Bucks, Delaware, Chester, Montgomery, Adams, Berks, Bradford, Carbon, Columbia, Cumberland, Dauphin, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York.

**Excluded:** All other employees, including but not limited to reinforcing iron workers working outside the counties mentioned above, professional employees, office clerical employees, guards, and supervisors as defined in the Act.