

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-251049	Date Filed 11/04/19

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

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

2a. Name of Employer: Empire Education Group, t/a Empire Beauty School	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See attached
3a. Employer Representative - Name and Title: Carol King, Sr., V.P. of HR	3b. Address (if same as 2b - state same): 396 Pottsville St. Claire Highway Pottsville, PA 17901

3c. Tel. No. 1-888-380-7320	3d. Cell No.	3e. Fax No. 570-429-4271	3f. E-Mail Address www.empire.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beauty School	4b. Principal Product or Service Education		5a. City and State where unit is located: See attached
5b. Description of Unit Involved: Included: See attached Excluded:			6a. Number of Employees in Unit: 27
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> 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:
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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 None	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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): November 22, 2019	11c. Election Time(s): 3:30 p.m.-4:30 p.m.	11d. Election Location(s): See attached
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12a. Full Name of Petitioner (including local name and number): Philadelphia Joint Board, Workers United	12b. Address (street and number, city, State and ZIP code): 22 South 22nd Street Philadelphia, PA 19103
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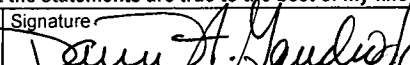
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Service Employees International Union

12d. Tel. No. 215-751-9770	12e. Cell No.	12f. Fax No. 215-751-0513	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: David A. Gaudio, Esquire	13b. Address (street and number, city, State and ZIP code): 121 South Broad Street, Suite 1300 Philadelphia, PA 19107

13c. Tel. No. 215-546-4183	13d. Cell No.	13e. Fax No. 215-790-1382	13f. E-Mail Address
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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) David A. Gaudio, Esquire	Signature 	Title Attorney	Date 11/01/19
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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

Empire Education Group
RC Petition Addendum

2(b). Addresses of Establishments involved:

1522 Chestnut Street
Philadelphia, PA 19102

799 W. Sproul Road
Springfield, PA 19064

4026 Woodhaven Road
Philadelphia, PA 19154

1000 Easton Road, Suite 490
Wyncote, PA 19095

5(a). City and State where units are located:

See above addresses.

5(b). Description of Unit involved:

Included: All full and regular part-time instructors employed by the Employer at the 1522 Chestnut Street, Philadelphia, PA 19102, 799 W. Sproul Road, Springfield, PA 19064, 4026 Woodhaven Road, Philadelphia, PA 19154 and 1000 Easton Road, Suite 490, Wyncote, PA 19095 locations.

Excluded: All administrators, clerical employees, professional employees and supervisors as defined by the Act, and all other employees.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-251126	Date Filed 11/04/19

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

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

2a. Name of Employer: FIRST TRANSIT, INC.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1013 Conshohocken Road, Conshohocken, PA 19426
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3a. Employer Representative - Name and Title: Andrew R. Joppa, Jr., Sr. Director H.R.	3b. Address (if same as 2b - state same): 1412 Pennsylvania Avenue, Wilmington, DE 19806
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3c. Tel. No. 4013094733	3d. Cell No.	3e. Fax No. 4016337013	3f. E-Mail Address andrew.joppa@firstgroup.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal Product or Service Transportation Services	5a. City and State where unit is located: Conshohocken, Pennsylvania
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5b. Description of Unit Involved: Included: All full time and regular part-time service control, dispatchers, and road supervisors employed at the Conshohocken, PA facility. Excluded: All other employees including utility workers, drivers, clerical employees managers, supervisors and guards as defined in 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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)

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): November 22, 2019	11c. Election Time(s): 12:00 noon to 2:00 p.m.	11d. Election Location(s): Company facility break room
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12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT	12b. Address (street and number, city, State and ZIP code): 93 Lake Avenue, Suite 103, Danbury, CT 06810
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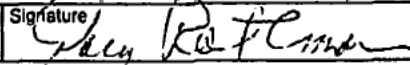
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Journeymen and Allied Trades

12d. Tel. No. (203) 205-0101	12e. Cell No.	12f. Fax No. (203) 205-0006	12g. E-Mail Address (b) (6), (b) (7)(C) @iujat.org
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13a. Name and Title: Gary Rothman, Esq., Attorney for Local 726	13b. Address (street and number, city, State and ZIP code): Rothman Rocco LaRuffa, LLP, 3 West Main St, Ste 200, Elmsford, NY 10523
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13c. Tel. No. 9144782801	13d. Cell No.	13e. Fax No. 9144782913	13f. E-Mail Address grothman@rothmanrocco.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) Gary Rothman, Esq.	Signature 	Title Attorney for Local 726	Date 11/4/2019
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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 may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-251145	Date Filed 11/04/19

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: Airgas East Philadelphia.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7575 Holsetin Avenue Phila, PA 19153
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3a. Employer Representative - Name and Title: Greg Todd, Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 2154924293	3d. Cell No.	3e. Fax No. 2154928392	3f. E-Mail Address greg.todd@airgas.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Chemical Manufacturing	4b. Principal Product or Service Gas and Chemical	5a. City and State where unit is located: Phila, PA
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5b. Description of Unit Involved: Included: All full time and regular part time drivers Excluded: All other employees, managers, supervisors and guards as defined in the act	6a. Number of Employees in Unit: 5	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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/04/19 and Employer declined recognition on or about (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No Yes. 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 12/06/19	11c. Election Time(s): 6:00am - 7:00am	11d. Election Location(s): Employer upstairs conference room
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 463	12b. Address (street and number, city, State and ZIP code): 1375 Virginia Drive, Suite 203 Fort Washington, PA 19034
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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

12d. Tel. No. 2155911000	12e. Cell No. 2157837119	12f. Fax No. 2155911001	12g. E-Mail Address bob@teamsters463.org
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13a. Name and Title: 13a. Name and Title:	13b. Address (street and number, city, State and ZIP code):
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13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Robert Ryder	Signature 	Title Secretary Treasurer	Date 11/04/19
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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 may cause the NLRB to decline to initiate its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-251150	Date Filed 11/04/19

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

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

2a. Name of Employer Airgas National Carbonation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7575 Holstein Ave PA Philadelphia 19153-	
3a. Employer Representative - Name and Title Steven Margliano		3b. Address (If same as 2b - state same) 7575 Holstein Ave PA Philadelphia 19153-	
3c. Tel. No. (215) 316-0548	3d. Cell No.	3e. Fax No. (610) 461-5892	3f. E-Mail Address Steve.margliano@airgas.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages (Nonalcoholic)	4b. Principal product or service Delivery of Compressed gas		5a. City and State where unit is located: Philadelphia, PA

5b. Description of Unit Involved	6a. No. of Employees in Unit: 2
Included: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details	

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 11/04/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received
 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): 12/06/19	11c. Election Time(s): 6:00am-6:30am	11d. Election Location(s): Employer location, downstairs drivers room	
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12a. Full Name of Petitioner (including local name and number) Robert Ryder Teamsters Local 463	12b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive Suite 203 PA Fort Washington 19034-
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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

12d. Tel No. (215) 591-1000	12e. Cell No. (215) 783-7119	12f. Fax No. (215) 591-1001	12g. E-Mail Address bob@teamsters463.org
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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		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Robert Ryder	Signature Robert Ryder	Title Secretary Treasurer	Date 11/4/2019 15:20:03
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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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

04-RC-251150

11/04/19

Attachment

Employees Included

All full time and regular part time drivers

Employees Excluded

All other employees, managers, supervisors and guards 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-251325	Date Filed 11/07/19

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

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

2a. Name of Employer: Lehigh Cement Company	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 595 Morgan Blvd., Camden, NJ, 08104
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3a. Employer Representative - Name and Title: Adebolaji Jobi-Taiwo, Plant Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 856-964-3900	3d. Cell No. -	3e. Fax No. -	3f. E-Mail Address -
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Slag Plant	4b. Principal Product or Service Slag Cement	5a. City and State where unit is located: Camden, NJ
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5b. Description of Unit Involved: Included: All full-time and regular part-time hourly workers employed at the above listed facility	6a. Number of Employees in Unit: 11
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Excluded:
All office clerical, managers, guards and supervisors as defined by the Act

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition
 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) NA	8b. Address: NA
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8c. Tel. No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address -
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8g. Affiliation, if any: NA	8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA
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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? 0
(Name of Labor Organization) NA, has picketed the Employer since (Month, Day, Year) NA

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)
NA

10a. Name NA	10b. Address NA	10c. Tel. No. NA	10d. Cell No. NA
		10e. Fax No. NA	10f. E-Mail Address NA@example.com

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): 11/19/2019	11c. Election Time(s): 6:00am - 8:00am & 6:30pm - 7:30pm	11d. Election Location(s): Training Room at employer's facility
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Boilermakers, Ironship Builders, Blacksmiths, Forgers and Helpers	12b. Address (street and number, city, State and ZIP code): 753 State Ave, Suite 570 Kansas City KS 66101
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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 Boilermakers, Ironship Builders, Blacksmiths, Forgers and Helpers

12d. Tel. No. (913) 371-2640	12e. Cell No. 765-243-1963	12f. Fax No. (888) 721-4047	12g. E-Mail Address jmauller@boilermakers.org
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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: Jody L Mauller, Great Lakes Organizing Coordinator	13b. Address (street and number, city, State and ZIP code): Ste. 103, #101, 1301 S Baldwin Ave, Marion IN 46953
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13c. Tel. No. -	13d. Cell No. 765-243-1963	13e. Fax No. (888) 721-4047	13f. E-Mail Address jmauller@boilermakers.org
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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) Jody L Mauller	Signature 	Title Great Lakes Organizing Coord.	Date 11/06/19
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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**

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-251970	Date Filed 11/18/19

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

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

2a. Name of Employer: Ferguson Fire and Fabrication
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 121 Titus Ave Warrington Pa 18976

3a. Employer Representative - Name and Title: Mr. Joe McCann
3b. Address (if same as 2b - state same): Same

3c. Tel. No.: 484.735.8317
3d. Cell No.:
3e. Fax No.: 215.491.7395
3f. E-Mail Address: joe.mccann@ferguson.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Wholesale
4b. Principal product or service: Fire Suppression Systems
5a. City and State where unit is located: Warrington, Pa

5b. Description of Unit Involved
Included: All full-time and regular part-time delivery truck drivers employed by the Employer at its 121 Titus Ave Location
Excluded: All other employees, warehouse, mechanics, maintenance, timekeepers, shipping & receiving, production, guards and supervisors within the meaning of the Act
6a. No. of Employees in Unit: 3
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about N/A (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): December 5, 2019
11c. Election Time(s): 1:30pm - 2:00pm
11d. Election Location(s): Employee Lunchroom

12a. Full Name of Petitioner (including local name and number): Highway Truck Drivers & Helpers Local 107 a/w International Brotherhood of Teamsters
12b. Address (street and number, city, state, and ZIP code): 12275 Townsend Rd. Philadelphia, Pa 19154


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

12d. Tel No.:
12e. Cell No.:
12f. Fax No.:
12g. E-Mail Address:

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

13a. Name and Title: Chris Buschmeier - Trustee / Organizer / Business Agent
13b. Address (street and number, city, state, and ZIP code): 12275 Townsend Rd. Philadelphia, Pa 19154

13c. Tel No.: 215.552.0070 ext. 107
13d. Cell No.: 484.620.9358
13e. Fax No.: 215.552.0071
13f. E-Mail Address: cbuschmeier@teamsters107.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): Chris Buschmeier
Signature: 
Title: Organizer / Trustee / Business Agent
Date: November 15, 2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-252011	Date Filed 11/19/19

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

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

2a. Name of Employer
Allied Universal

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
161 Washington Street, Suite 600
PA Philadelphia 19428-

3a. Employer Representative - Name and Title
David Chapla

3b. Address (if same as 2b - state same)
161 Washington Street, Suite 600
PA Philadelphia 19428-

3c. Tel. No.
(484) 351-1300

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
David.Chapla@aus.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Security Systems & Services

4b. Principal product or service
Security

5a. City and State where unit is located:
Philadelphia, PA

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):
December 11, 2019

11c. Election Time(s):
10:30 a.m. to 12:30 p.m.

11d. Election Location(s):
Employee Breakroom

12a. Full Name of Petitioner (including local name and number)
Colin Koch
Philadelphia Security Officers Union

12b. Address (street and number, city, state, and ZIP code)
P.O. Box 13150
PA Philadelphia 19101-

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

12d. Tel No.
(267) 809-2393

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
colin@psuo

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
11/19/2019 10:28:06

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-252011	11/19/19

Employees Included

All full-time and regular part-time security officers assigned to the traffic control on Civil Center Boulevard, Health Services Drive and South Street in Philadelphia, Pennsylvania.

Employees Excluded

All other employees and supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 4-RC-252033	Date Filed 11/19/19

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

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

2a. Name of Employer
Country Fresh produce/First Step Staffing as a single employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2600 Richmond Road
PA hatfield 19440-

3a. Employer Representative - Name and Title
Jennifer Colon

3b. Address (if same as 2b - state same)
2600 Richmond Road
PA hatfield 19440-

3c. Tel. No. (609) 405-0167

3d. Cell No. (267) 328-6843

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service

5a. City and State where unit is located:
Hatfield, PA

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:
300

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):
december 6th 2019

11c. Election Time(s):
5:30am til 8:30am and 2:30pm til 6:30pm

11d. Election Location(s):
2600 richmond road hatfield

12a. Full Name of Petitioner (including local name and number)
dean anthony delucia
united construction trades & industrial employees union Local 621

12b. Address (street and number, city, state, and ZIP code)
40-26 235th street
NY douglaston 11363-

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

12d. Tel No. (718) 326-4052

12e. Cell No. (347) 219-7536

12f. Fax No.

12g. E-Mail Address
dean.delucia@uctie.com

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

13a. Name and Title
stephen goldblatt attorney
local 621

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

13c. Tel No. (917) 771-8010

13d. Cell No. (917) 771-8010

13e. Fax No.

13f. E-Mail Address
goldblattlegal@gmail.com

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

Name (Print)
dean anthony delucia

Signature
dean a delucia

Title
secretary treasurer

Date
11/18/2019 11:29:45

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
4-RC-252033	11/19/19

Employees Included
Packers, produce line workers, shipping and receiving

Employees Excluded
all security and supervisors

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-252470	Date Filed 11/26/19

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

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

2a. Name of Employer
Pennsylvania Medical Solutions, LLC, an affiliate of Vireo Health

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
116 Pine Street, #320
PA Harrisburg 17101-

3a. Employer Representative - Name and Title
Arl Hofnung

3b. Address (If same as 2b - state same)
116 Pine Street, #320
PA Harrisburg 17101-

3c. Tel. No.
3d. Cell No.
3e. Fax No.
3f. E-Mail Address

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

4b. Principal product or service
Cannabis

6a. City and State where unit is located:
Scranton, PA

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:
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) _____ 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):
December, Monday through Friday

11c. Election Time(s):
late afternoon to accommodate both 1st and 2nd shift

11d. Election Location(s):
Scranton

12a. Full Name of Petitioner (including local name and number)
Craig Pawlik
Teamsters Local 229

12b. Address (street and number, city, state, and ZIP code)
1280 O'Neill Highway
PA Dunmore 18512-

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

12d. Tel No.
(570) 344-7219

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
team229@aol.com

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

13a. Name and Title
Matthew Boyd Esq. Attorney for Teamsters Local 229
Elliott Greenleaf

13b. Address (street and number, city, state, and ZIP code)
201 Penn Ave, Ste 202
PA Scranton 18503-

13c. Tel No.
(570) 346-7589

13d. Cell No.

13e. Fax No.
(570) 869-2890

13f. E-Mail Address
mgb@elliottgreenleaf.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)
Matthew Boyd Esq.

Signature
Matthew G. Boyd

Title
Attorney for Teamsters Local 229

Date
11/25/2019 15:04:24

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-252470

Date Filed

11/26/19

Employees Included

All non-management courriers working out of Scranton, Pennsylvania branch

Employees Excluded

Management employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No. 04-RD-251241
Date Filed 11/6/19

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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 GROCERY HAULERS Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 485 Route 1 South, Bldg. F, Suite 310, Iselin, NJ 08830	
3a. Employer Representative - Name and Title Doreen DeMartino Human Resources V.P. of		3b. Address (If same as 2b - state name) Same	
3c. Tel. No. 732-499-3338	3d. Fax No.	3e. Cell No. 908-507-6385	3f. E-Mail Address ddemartino@groceryhaulers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking Company		4b. Principal product or service Trucking	
5a. Description of Unit Involved Included: Drivers domiciled at 150 Boulder Dr. Bimbo account Breinigsville, PA 18031 Excluded:			5b. City and State where unit is located: Breinigsville, PA

6. No. of Employees in Unit **18** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Named Recognized or Certified Bargaining Agent Local 773		8b. Affiliation, if any Teamsters	
8c. Address 3614 Lehigh St. Suite A Whitehall, PA 18052		8d. Tel. No. 610-434-4457	8e. Cell No.
		8f. Fax No. 610-770-9581	8g. E-Mail Address

9. Date of Recognition or Certification **10/2016** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
NONE

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state) **NONE**

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s) **11/18/2019** 13c. Election Time(s) **8AM - 8PM** 13d. Election Location(s) **150 Boulder Dr. Breinigsville PA 18031**

14. F (b) (6), (b) (7)(C)			
14a. (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a. Name

15b. Title	
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition **(b) (6), (b) (7)(C)** of my knowledge and belief. **(b) (6), (b) (7)(C)** / Petitioner Date Filed **11/05/2019**

BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 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.