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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 04-RC-251049

Date Filed 11/04/19

DO NOT WRITE IN THIS SPACE

									11/04/17		
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition named in t	must be account the petition of	mpanied b : (1) the pe	y both a sh etition; (2) S	owing of interest (see 6) tatement of Position for	b below) and m (Form NLF	a certificate RB-505); and	e of service I (3) Descrip	showing service on tion of Representation		
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be certified	l as repres	entative of th	e employees. The Petition	oner alleges t	hat the follo	wing circur	nstances exist and		
2a. Name of Employer: Empire Education Group, School	t/a Emp	ire Beauty		b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See attached							
Carol King, Sr., V.P. of HR 396				Address (if same as 2b - state same): 06 Pottsville St. Claire Highway ottsville, PA 17901							
3c. Tel. No. 1-888-380-7320				3e. Fax No 570-429	9-4271	3f. E-Mail A www.en	<sup>ddress</sup> npire.edu				
4a. Type of Establishment <i>(Factory, i</i> Beauty School	nine, whole	saler, etc.)		4b. Princip Educati	al Product or Service On		See atta	ached	e unit is located:		
5b. Description of Unit Involved: Included: See attached				•			6a. Numbe 27	r of Employe	es in Unit:		
Excluded:							of the e	mployees in	mber (30% or more) the unit wish to be Petitioner?  Yes No		
	rently recog	(i gnized as Barg	If no reply r aining Rep	eceived, so resentative a		<del></del>	d Employer d	eclined reco	gnition		
8a. Name of Recognized or Certific None	ed Bargaini	ng Agent (If n	one, so sta	<i>te)</i> 8b. Ad	Idress:						
8c. Tel. No.	8d. Cell No	).		8e. Fax No.		8f. E-Mail Address					
8g. Affiliation, if any:			8	8h. Date of Recognition or Certification Recent			piration Date of Current or Most nt Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Emplo	yer's establish	ment(s) inv	olved? No	If so, approxima	ately how mar	y employees	s are particip	ating?		
(Name of Labor Organization)						•			nth, Day, Year)		
<ol> <li>Organizations or individuals othe individuals known to have a repre</li> </ol>								es and other	organizations and		
10a. Name None		10b. Address				10c. Tel. No	<b>D</b> .	10d. Cell No	).		
						10e. Fax N	0.	10f. E-Mail	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and	election in this	matter, sta	ate your posi	tion with respect to any su	uch election:	11a. Election  X Manua		Mixed Manual/Mail		
11b. Election Date(s): November 22, 2019		11c. Election 3:30 p.m.					11d. Election Location(s): See attached				
12a. Full Name of Petitioner (include Philadelphia Joint Board,			er):		12b. Address (street and 22 South 22nd S Philadelphia, PA	treet	, State and 2	ZIP code):			
12c. Full name of national or internat Service Employees Intern			which Peti	itioner is an a	affiliate or constituent (if n	one, so state)	r				
12d. Tel. No. 12e. Cell No. 215-751-9770			12f. Fax N 215-75	1-0513	12g. E-Mai						
13. Representative of the Petition 13a. Name and Title: David A. Gaudioso, Esquire		accept service	e of all par	13b. Addre 121 Sou	poses of the representa ess (street and number, c ath Broad Street, Su lphia, PA 19107	ity, State and					
13c, Tel. No. 215-546-4183	13d. Cell I			13e. Fax 1 215-79	0-1382	13f. E-Mail	Address				
I declare that I have read the abov	e petition a			are true to t		e and belief. tle			Date		
Name (Print) David A. Gaudioso, Esqu	ire	Signa	Ži.	JH./		ttorney			11/01/19		

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

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:

<u>Included</u>: 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.

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner atleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): FIRST TRANSIT, INC. 1013 Conshohocken Road, Conshohocken, PA 19426 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Andrew R. Joppa, Jr., Sr. Director H.R. 1412 Pennsylvania Avenue, Wilmington, DE 19806 3d. Cell No. 3f. E-Mail Address 4013094733 4016337013 andrew.joppa@firstgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation Transportation Services Conshohocken, Pennsylvania 5b. Description of Unit Involved: 6a. Number of Employees in Unit: 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 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No managers, supervisors and guards as defined in the Act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certifled Bargaining Agent (If none, so state) 8b. Address: None Bc. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): November 22, 2019 12:00 noon to 2:00 p.m. Company facility break room 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT 93 Lake Avenue, Suite 103, Danbury, CT 06810 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. 12e. Cell No. 121, Fax No. 12g. E-Mail Address (b) (c). (b) (7)(C) (203) 205-0006 (203) 205-0101 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Rothman Rocco LaRuffa, LLP, 3 West Main St, Ste 200, Elmsford, NY 10523 Gary Rothman, Esq., Attorney for Local 726 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. grothman@rothmanrocco.com 9144782801 9144782913 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature 11/4/2019 Attorney for Local 726 Gary Rothman, Esq.

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

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

RC PETITION				<u>.</u>			04	-RC-25	1145	j	11/	/04/19
INSTRUCTIONS: Unless e-Filed a employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he peution named in 12). The sh	must be accomp the petition of: { owing of interes	panied b 1) the pe t should	y both a tition; (2 only be	sho 2) St file	owing of interest (sec atement of Position d with the NLRB and	e 6b l form i shou	below) and (Form NLI uld not be	l a certificat RB-505); an served on t	e of service she d (3) Descriptio he employer or	wing son of Rep any oth	ervice on presentation er party.
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ionet desire	es to be certified a	s réprese	entative o	of the	e employees. The Pet	tition	er alleges	that the foll	wing circumst	ances e	llective xist and
26. Name of Employer:			2b. Add	ress(es)	of E	stablishment(s) involv	ved (S	treet and n	umber, City	State, ZIP code	):	
						Avenue Phila,		19153				
3e. Employer Representative - Name and Title: Greg Todd, Manager			Same	•	eme	es 2b - state same):						
3c. Tel. No.	3d. Cell No	<b>b</b> .		3e. Fex			- 1	f, E-Mail A		<del></del> -		·
2154924293				2154	928	8392	_ 1	greg.tod	d@airga	s.com		
4a. Type of Establishment (Factory, I	nine, whole	salar, etc.)				Product or Service			1	d State where u	nit is loca	atëd:
Chemical Manufacturing				Gas a	and	Chemical		·	Phila, PA			
5b. Description of Unit Involved: Included:  All full time and regular part time drivers  Excluded:  All other employees, managers, supervisors and guards as defind in the act  6a. Number of Employees in Unit:  5  6b. Do a substantial number (30% premote) of the employees in the unit wish to be represented by the Petitioner?  Yes							to be					
Check One: X 7a. Request for rec	ognition as	Bargaining Repre	sentative	was ma	dè d	on (Date) 11/0	04/19	end		eclined recognit		<u> </u>
on or about (Date)			o reply re					445- 444				
7b. Petitioner is cui  Ba. Name of Recognized or Certifie						id desires certification fress:	unae	r the Act.				
							<del></del>			<del></del>		
8c. Tel. No.				8e. Fax	NO.		1	si. E-Mail A	ddress			ĺ
Bg. Affiliation, if any:			81	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 of picketing a	t the Emplo	yers establishme	nt(s) invo	Ned? N	Vo.	If so, approxi	imatel	y how man	y employees	are participatin	97	·····
(Name of Labor Organization)							, ha	s picketed	the Employe	er since (Month,	Day, Ye	ar)
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>	rthan Petiti sentative in	oner and those na iterest in any emp	med in it loyees in	ems 8 ar the unit	nd 9 des	, which have daimed cribed in item 5b abov	recog ve. (If	nition as ré none, so s	presentative (ate)	s and other orga	nization	s and
10a. Name		10b. Address		10			10c. Tel. No.		10d. Cell No.			
		! 		10e. Fax			Oe. Fax No	).	10f, E-Mail Addre			
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, stat	e your po	ositi	on with respect to any	such	election:	11a. Election	Type:		
				•				l			Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tin	ne(s):					11d. Election Location(s):				
12/06/19		6:00am - 7:	00am					Employer upstairs conference room				m
12a. Full Name of Petitioner finclud	ing local na	me and number):				12b. Address (street e						
Teamsters Local 463												
12c. Full name of national or internat			ich Petiti	oner is a	n af	filiate or constituent (ii	if none	, so state).				
International Brotherhood	of Tear	msters										<del> </del>
12d. Tel. No. 12e. Cell No.			12f. Fax No. 2155911001			2g. E-Mail	Address amsters4	62 nta				
2155911000	215783		fall con-					_ : :	•	03.01 <u>K</u>	<u> </u>	
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title:			13b. Ad	dre	ss (street and number	r, city,	State and	ZIP code):				
							-					
13c. Tel. No.	13d. Cell f	No.		13e. Fax No.		13f. E-Mail Address						
				<u>.</u>							· · · ·	
I declare that I have read the abov	e petition a			re true t	o th	e best of my knowle	dge a	nd belief.		<del></del>		Date
Name (Print)		Signatur	. /	2		12/-	Title	retary 7	Treasuer			11/04/19
Robert Ryder		1011	ו יצוני	יותו. ב				words a	LOUSUOI			

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 All DB to decline the information and related proceedings.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	04.700.0011.00	Date Filed					
	04-RC-251150		11/04/19				

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7575 Holstein Ave PA Philadelphia 19153 Airgas National Carbonation 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7575 Holstein Ave PA Philadelphia 19153-Steven Marigliano 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. Steve.marigliano@airgas.com (215) 316-0548 (610) 461-5892 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Beverages (Nonalcoholic) **Delivery of Compressed gas** Philadelphia, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [ No [ ] 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 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 12/06/19 11c. Election Time(s): 11d. Election Location(s): 6:00am-6:30am Employer location, downstairs drivers room 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 19034-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address bob@teamsters463.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (215) 591-1001 (215) 591-1000 (215) 783-7119 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) Signature Title Robert Ryder Secretary Treasurer Robert Ryder 11/4/2019 15:20:03

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

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						

Employees Included
All full time and regular part time drivers

Employees Excluded
All other employees, managers, supervisors and guards as defined in the act

FORM NLR8-502 (RC)

### **UNITED STATES OF AMERICA**

	DO NOT WRITE IN THIS	SPACE
Case No.	04-RC-251325	Date Filed 11/07/10

(2-18)	NATIONAL LABOR RELATIONS BO				)ARD			ose No. 04-RC-251		51325	Date Fi	ed 07/1:9
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties	he petition named in	must be acco the petition o	ompanied f: (1) the p	by bo etitlo	th a st n; (2) S	nowing of interest ( Statement of Position	see 6b on form	Petition to below) and n (Form NLF	an NLRB of a certificat RB-505); an	ffice in the Reg te of service sh d (3) Descriptio	ion in w owing s on of Rep	hich the ervice on presentation
	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.											
bargaining by Petitioner and Petit	<ol> <li>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.</li> </ol>											
						Establishment(s) inv Blvd., Camder			umber, City	, State, ZIP code	9):	
				3b. Address (if same as 2b - state same): Same								
3c. Tel. No. 3d. Cell No			<u> </u>	3e.	Fax No	o.		3f. E-Mail A	ddress		<del></del>	
4a. Type of Establishment (Factory, Slag Plant	mine, whole	saler, etc.)				oal Product or Service ement	e		5a. City an Camde	d State where un, NJ	nit is loc	ated:
5b. Description of Unit Involved: Included: All full-time and regular p	oart-time	hourly w	orkers o	empi	loyed	at the above l	isted	facility	6a. Numbe 11	er of Employees	in Unit	
Excluded: All office clerical, manage	ers, guar	ds and su	perviso	rs as	defin	ned by the Act			of the e represe	ubstantial number imployees in the ented by the Pet	unit wis itioner?	h to be 🐪
Check One:	<u> </u>	- (	if no reply	receiv	/ed, so	state).	ion und		f Employer o	declined recogni	tion	
8a. Name of Recognized or Certific						dress:	ion une	del tite Act.			· ····	
NA					NA			_ :				
8c. Tel. No.   8d. Cell No.   NA   NA				8e. N.	Fax No A	<b>.</b>		8f. E-Mail A	ddress			
8g. Affiliation, if any: NA	-			8h. Da NA	NA Rece			8i. Expiration Recent Con	n Date of Cu tract, if any	irrent or Most (Month, Day, Ye	ar) N	<b>A</b>
9. Is there now a strike or picketing a	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) NA , has picketed the Employer since (Month, Day, Year) NA												
Organizations or individuals othe individuals known to have a repre     NA										es and other org	anizatior	s and
10a. Name NA		10b. Address NA	<b>;</b>					10c. Tel. No. NA		10d. Cell No. NA		
							10e. Fax No NA	).	10f. E-Mail Add NA@exal		com	
11. Election Details: If the NLRB co	nducts and	election in this	matter, st	ate yo	ur posi	tion with respect to a	iny suc		X Manua	l Mail	Mixed	Manual/Mail
11b. Election Date(s): 11/19/2019			8:00an	1&0	6:30p	om - 7:30pm			Room a	t employer	's facil	ity
International Brotherhood	12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         753 State Ave, Suite 570											
Builders, Blacksmiths, Forgers and Helpers Kansas City KS 66101  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):												
International Brotherhood	of Boile	ermakers,	Ironshi	p Bı	iilder	s, Blacksmiths	s, Foi	rgers and	Helpers			
12d. Tel. No. (913) 371-2640	12e, Cell N 765-243	3-1963		(8	<u>-</u>	21-4047			@boiler	makers.org		
13. Representative of the Petitione 13a. Name and Title: Jody L Mauller, Great Lakes			-	138	o. Addre	ooses of the represess (street and number, #101, 1301 S	er, city	, State and	ZIP code):_	N 46953		
13c. Tel. No.	13d. Cell N 765-243	3-1963		(8	13e. Fax No. (888) 721-4047			13f. E-Mail Address jmauller@boilermakers.org				
I declare that I have read the above Name (Print)	e petition a			1/1	ue to ti	he bes (of n) know	tedge Title					Date
Jody L Mauller		Signa	W/	1 (	ai	We			s Organi	zing Coord		11/06/19

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

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

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Ferguson Fire and Fabrication 121 Titus Ave Warrington Pa 18976 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mr. Joe McCann 3c. Tel. No. 3f. E-Mail Address 215.491.7395 484,735,8317 joe.mccann@ferguson.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Wholesale Fire Suppression Systems Warrington, Pa 5b. Description of Unit involved 6a. No. of Employees in Unit: All full-time and regular part-time delivery truck drivers employed by the Employer at its 121 Titus Ave Included: 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, warehouse, mechanics, maintenance, timekeepers, shipping & receiving, unit wish to be represented by the production, guards and supervisors within the meaning of the Act Petitioner? Yes 🗸 No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (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 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. is there now a strike or picketing at the Employer's establishment(s) involved? No has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c Tel No 10d. Cell No. 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail Mail\_ any such election 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): . Employee Lunchroom December 5, 2019 1:30pm - 2:00pm 12b. Address (street and number, city, state, and ZIP code) 12275 Townsend Rd. Philadelphia, Pa 19154 12a. Full Name of Petitioner (including local name and number) Highway Truck Drivers & Helpers Local 107 a/w International Brotherhood of Teamsters 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 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) Chris Buschmeier - Trustee / Organizer / Business Agent 12275 Townsend Rd. Philadelphia. Pa 19154 13d, Cell No. cbuschmeier@teamsters107.com 215.552.0070 ext. 107 215.552.0071 484.620.9358 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature November 15, 2019 Chris Buschmeier Organizer / Trustee / Business Agent November 15, 2
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.	Date Filed				
04-RC-252011	11/19/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

(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	with the NLRB and should <u>not</u> be served on the employer or any other party.							
PURPOSE OF THIS PETITION: RC     bargaining by Petitioner and Petition     requests that the National Labor F	er desires to be certif	ied as representati	ive of the employees. The	Petitioner alleges that	the following	circumstances exist and		
2a. Name of Employer	Relations Board pro-		ddress(es) of Establishmen					
Allied Universal		1.	61 Washington Street, Suit A Philadelphia 19428-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0.0, 2 0.000)		
3a. Employer Representative - Name	and Title		3b. Address (If same as					
David Chapla			161 Washington S PA Philadelphia 1	Street, Suite 600 9428-				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addr	ess		
(484) 351-1300					David.Chapla@a			
4a. Type of Establishment (Factory, min	•	4b. Principal pro			5a. City a	and State where unit is located:		
Security Systems & Serv	rices		Security		<u> </u>	Philadelphia, PA		
5b. Description of Unit Involved Included: See Attached Page 2 for ac	Iditional 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 to Petitioner? Yes [] No []								
Check One: 7a. Request f	or recognition as Bar	gaining Representa	ative was made on (Date)	and F	mplover decli	ned recognition on or about		
	(Date)	(If no reply receive	ed, so state).	<del></del>		noa rosagimusii on ar aboat		
8a. Name of Recognized or Certified			epresentative and desires 8b. Address	certification under the A	ct.			
ou. Hame of Recognized of Certified	Daigaming Agent (	, 50 5.610).	OD: Addicas					
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addr	E-Mail Address		
8g. Affiliation, if any			8h. Date of Recognition of			. Expiration Date of Current or Most Recent ontract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the	ne Employer's establi	shment(s) involved	I? If so, approx	imately how many empl	oyees are par	ticipating?		
(Name of labor organization)		, has pic	keted the Employer since (	Month, Day, Year)				
10. Organizations or individuals other the known to have a representative interest					entatives and	other organizations and individuals		
10a. Name	10b. Ad	dress		10c, Tel, No.		10d, Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond any such election.	ducts an election in th	is matter, state you	ur position with respect to	position with respect to 11a. Election Type: 📝 Manual 🗍 Ma				
11b. Election Date(s): December 11, 2019		lection Time(s): a.m. to 12:30 p.m.		11d. Election Location Employee Breakroom				
12a. Full Name of Petitioner (includir Colin Koch Philadelphia Security Officers Union				12b. Address (street and number, city, state, P.O. Box 13150 PA Philadelphia 19101-				
12c. Full name of national or internation	nal labor organization	of which Petitioner	r is an affiliate or constituen	t (if none, so state)				
12d, Tel No.	12f. Fax No. 12g. E-Mail colin@psuc			dress				
(267) 809-2393  13. Representative of the Petitioner v	who will accept some	ico of all papare f	or nurnoses of the repres					
13a, Name and Title	who will accept serv	ice of all papers i	13b. Address (street and	d number, city, state, and	d ZIP code)			
Lance Geren Attorney 325 Chestnut Street, Suite 600 O'Donoghue, LLP PA Philadelphia 19106-								
13c. Tel No.	13d. Cell No.		13e. Fax No. 13f. E-Mail Address					
(215) 629-4970  I declare that I have read the above p	(202) 805-6148		(215) 629-4996		,	g		
		otatements are tr	.,		Date			
Name (Print) Lance Geren	Signature Lance Geren		Title Attorney		11/19/2019	10:28:06		
Lunios Colon								

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

#### PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE						
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 R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	4 DC 252022	Date Filed			
	4-RC-252033	11/19/19			

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

(Form NLRB-505); and (3) Desc					RB 4812).  The sho	wing of inte	rest 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								
PURPOSE OF THIS PETITION: RC     bargaining by Petitioner and Petitioner     requests that the National Labor R	er desires to be	certified as repre	esentativ	e of the employees. The I	Petitioner alleges that	the following	circumstances exist and	
				dress(es) of Establishment				
Country Fresh produce/First Step Staffin	g as a single em	nployer	26	00 Richmond Road A hatfield 19440-		-		
3a. Employer Representative - Name	and Title			3b. Address (if same as	2b - state same)	<del></del>		
Jennifer Colon				2600 Richmond Re PA hatfield 19440-				
3c. Tel, No.	3d. Cell N	0.		3e. Fax No.	3f. E-Mail Address			
(609) 405-0167	(267) 328							
4a. Type of Establishment (Factory, mir					5a. City and State where unit is located:			
Food Processing		·					Hatfield, PA	
5b. Description of Unit Involved				· · · · · · · · · · · · · · · · · · ·	·-·		6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ad	ditional details						300 6b. Do a substantial number (30%	
<del></del>		<del></del>		· · · · · · · · · · · · · · · · · · ·			or more) of the employees in the	
Excluded: See Attached Page 2 for ad	ditional details						unit wish to be represented by the	
		<del></del>		<del></del>			Petitioner? Yes [ ] No [ ]	
Check One: 7a. Request fo	or recognition as	Bargaining Rep	resenta	tive was made on (Date) _	and I	Employer decli	ned recognition on or about	
		ate) (If no reply						
7b. Petitioner	is currently reco	gnized as Barga	ining Re	epresentative and desires	certification under the A	ict.	· · · · · · · · · · · · · · · · · · ·	
8a. Name of Recognized or Certified	Bargaining Age	ent (If none, so	state).	8b. Address				
8c. Tel No.	8d Cell No	<b>)</b> .		8e. Fax No. 8f. E-Mai		Bf. E-Mail Addr	ail Address	
8g. Affiliation, if any				8h. Date of Recognition or Certification 8		8i. Expiration Date of Current or Most Recent		
				Contract, if any (Month, Da		(Month, Day, Year)		
9. Is there now a strike or picketing at the	e Employer's es	stablishment(s) in	nvolved	No If so, approx	imately how many emp	loyees are par	ticipating?	
(Name of labor organization)				eted the Employer since (f	Month, Day, Year)			
10. Organizations or individuals other th	an Petitioner an					sentatives and	other omanizations and individuals	
known to have a representative interest						ocmanico and	outer organizations and marriadals	
·							•	
10a. Name	10	b. Address			10c. Tel. No.		10d. Cell No.	
					400 Fou No. 100		10f. E-Mail Address	
_					10e. Fax No.		TOI. E-Mail Address	
11. Election Details: If the NLRB cond any such election.	ucts an election	in this matter, st	tate you	r position with respect to	11a. Election Type: // Manual // Mail // Mixed Manual/Mail			
11b. Election Date(s): 11c. Election Time(s):			11d. Election Location(s): pm til 6:30pm 2600 richmond road hatfield					
3.30am til 3.30am and 2,30pm				opin to o.sopm	12b. Address (street and number, city, state, and ZIP code)			
12a. Full Name of Petitioner (including local name and number) dean anthony delucia united contruction trades & Industrial employees union Local 621					40-26 235th street NY douglaston 11363	ana mamaan, u	, 5.5.6, 6.76 2.7 5000)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)								
12d. Tel No.	120 Coll I	No.		12f. Fax No.	······································	I2g. E-Mail Ad	tress	
(718) 326-4052 (347) 219-7536		dean.		lean.delucia@	an.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 13b. Address (street and number, city, state, and ZIP code)								
stephen goldblatt attorney local 621								
13c. Tel No. 13d. Cell No.		13e. Fax No. 13f. E-Mail Address goldblattlegal@gmail.com						
(917) 771-8010	(917) 771-			L		joropiarnegal@	gman.com	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.								
Name (Print)	Signature			Title		Date		
dean anthony delucia	dean a delucia	1		secretary treasurer		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

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	DO NOT WRITE IN THIS SPACE				
Case	4 DC 252022	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

ITE IN THIS SPACE
Date Filed
11/26/19

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 in									
of service showing service on the									
(Form NLRB-505); and (3) Descript					RB 4812). The si	nowing of int	erest should only be filed		
with the NLRB and should not be s	erved on the	emplover or an	v other pa	artv.			. •		
1. PURPOSE OF THIS PETITION: RC-CE bargeining by Petitioner and Petitioner d	RTIFICATION OF	REPRESENTATI	VE - A subs	tantial number	of employees wish to	be represented	for purposes of collective		
requests that the National Labor Rela	tions Board prod	eed under its pro	per authori	ty pursuant to	Section 9 of the Ne	itional Labor R	g circumstances exist and		
2a. Name of Employer		2b. Ad	Idress(es) of	Establishment	(s) Involved (Street a	and number, city	State, ZIP code)		
Pennsylvania Medical Solutions, LLC, an aff		ilth 11	16 Pine Strei A Harrisburg	et, #320 L 17101-		·			
3a. Employer Representative - Name and	Title.		3b. Addre	ess (Il same as	2b – state same)		•		
Arl Hofnung	·	<del> </del>		Pine Street #3 Harrisburg 171	89-	·			
3c. Tel. No.	3d. Cell No.		3e. Fax N	io.		3f, E-Mail Address			
4a. Type of Establishment (Factory, mine, v	vholeseler etc )	4b. Principal pro-	duct or send	Ice	النبي المسامي	Sa City	and State upon coult in beautage		
Others		42.1 Kitcipai pio	4,000	Cannabls		- J.	6a. City and State where unit is located: Screnton, PA		
6b. Description of Unit Involved		1.					6a. No. of Employees in Unit		
Included: See Attached Page 2 for addition	nal details	•				į	124		
							6b. Do a substantial number (30%		
Excluded: See Attached Pago 2 for addition	nal delala						or more) of the employees in the unit wish to be represented by the		
							Petitioner? Yes [ No [ ]		
Check One: 7a. Request for re	cognition as Ban	gaining Represente	tive was ma	ide on (Date)	an	d Employer dec	Ined recognition on or about		
		(If no reply receive							
					ertification under the	Act			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  8b. Address									
Bc. Tei No.	8d Cell No.		8e, Fax N	8e. Fax No. 8		8f. E-Mail Address			
8g. Affiliation, if any			8h. Date of	h. Date of Recognition or Certification 8l. Expiration Date of Current or Most					
		1		Contract, if any (Month, Day, Year)			(Intonia, Day, Year)		
9. Is there now a strike or picketing at the E	mplover's establi	shment(s) involved	7 No	If so, approxi	mately how many er	nolovees are pa	rticipating?		
(Name of labor organization)		* *	•		Month, Day, Year)				
10. Organizations or Individuals other than	Pattioner and the					recontatives on	f other emperations and individuals		
known to have a representative interest in						103011411103 411	s ontel organizations and individuals		
10a. Name	10b. Ac	Idress			10c. Tel. No.		10d. Cell No.		
							<u></u>		
					10a. Fax No.		10f. E-Mail Address		
11 Flection Details: If the NI DR conduct	s an election is th	is matter state you	ir oosiiion w	ith respect to	44a Florina T	u IZ Manual f	Seat C Asher See 199 5		
Election Details: If the NLRB conducts an election in this matter, state your any such election.				Toopen to	4		Mail Mbred Manual/Mail		
11b. Election Date(s): 11c. Election Time(s): December, Monday through Friday late afternoon to accompda			date both 1s	t and 2nd shift	11d. Election Location(s): Scranton				
12a. Full Name of Patitioner (including local name and number) Crain Pawlik Jeanstein Local 229				12b. Address (street and number, city, state, end ZIP code) 1269 O'Nell Hightypy PA Dumore 18512-					
1 PA Dummers 18512- 12c. Full name of national of international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters									
12d. Tel No. 12e. Celi No.		12f. Fax No. 12g. E team2		12g. E-Mail A	g. E-Mail Address m228@aol.com				
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)									
Matthew Boyd Esq. Attorney for Teamsters Local 228  Elliott Greenleaf  201 Penn Ave, Ste 202 PA Scranton 18503-					,				
13c. Tel No. 13d. Cell No.			13e, Fax	13e, Fax No. 13f. E-Mail Address					
(570) 346-7569				(570) 969-2890 mgb@elliottgreenleaf.com			eenieat.com		
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.									
l la	ignature latthew G. Boyd		Title Date Attorney for Teamsters Local 229 11/25/2019 15:04:24						
Matthew Boyd Esq. N		ETITION CAN DE					15:04:24 E 18 SECTION 4004)		

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
04-RC-252470	11/26/19				

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

Employees Excluded Management employees

FORM NLR8-502 (RD) (8-16)

## 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, <u>www.nirb.gov</u>, 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.

Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NL		
<ol> <li>PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - recognized bargaining representative is no longer their representative. The Petitioner alleges that Labor Relations Board proceed under its proper authority pursuant to Section 9 of the Nation</li> </ol>	the following circumstances exist nal Labor Relations Act.	and requests that the National
GROCERY HAULERS INC 485 Rate 1 Soth,	ils) involved (Street and number, city. Blls, F. Scito 310, Is el	state, ZIP code)
3a. Employer Representative - Name and Title P. F. 3b. Address (If same as 2b - state Dorsen De Martino Hum Resources Same	e name)	
3c. Tel. No. 3e. Cell No.	3f. EnMail Address	
732-499-3338 908-507-6385		yhaulers, com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)  Trucking Company	4b. Principal product or service	
5a Description of Unit Involved	•	5b. City and State where unit
Binbo account Breinissville, PA	r. 18031	Breinissville,PA
6. No. of Employees in Unit  7. Do a substantial number (30% or more) of the employees recognized bargaining representative?  Yes No.		sented by the certified or currently
8a_IV Recognized or Certified Bargaining Agent	8b. Affiliation, if any	
RC Address   8d. Tel. No.	Teansters Be Cell No	
3614 Lehich St. Suite A 610-430		
What hell PA 1800	8g. E-Mail Address	
9. Date of Recognition or Certification 10. Expiration Date of Current or	0-9581 Most Recent Contract, if any (Month,	Day, Year)
10/2016 None	THOSE TOOMS OF THE CAMP ( INC. )	
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)		e labor organization, of
(Insert Address)		Month, Day, Year)
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite	em 5 above. (If none, so state)	1. Fax No.
12a. Name 12b. Address	12c. Tel. No.	I. FAX NO.
	12e. Cell No. 12i	f. E-Mail Address
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)  13c. Election Time(s)	13d. Election Location(s)	2 . 1/18031
11 18/2019 8AM - 8 PM	150 Boulder Dr.	Dreinissuilb PA
<sup>14.F</sup> (b) (6), (b) (7)(C)		
14a. A(b) (6), (b) (7)(C)	14b. Tel. No. 14	c. Fax No.
	14d Cell No	o) (6), (b) (7)(C
	(b) (b), (b) (7)(C)	o) (o), (b) (1)(o
14f. Affiliation, if any	vescotation proceeding	
<ol> <li>Representative of the Petitioner who will accept service of all papers for purposes of the rep</li> <li>Name</li> </ol>	15b.Title	
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No. 15	e. Fax No.
	15f. Cell No. 15	g. E-Mail Address
		-
I declare that I have read the above petition (b) (6), (b) (7)(C)		1
	nowledge and belief.	Date Filed /
(b) (6), (b) $(7)(C)$	Tit(b) (6), (b) (7)(C)	itioner 11/05/2019

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