

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

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-248412	Date Filed 10/7/2019

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: Leisure Knoll at Manchester	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Buckingham Dr., N. Manchester, NJ 08759
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3a. Employer Representative Name and Title: Mary D'Ime Manager	3b. Address (if same as 2b state same): Same
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3c. Tel. No. 732-675-6661	3d. Cell No.	3e. Fax No. 732-657-7433	3f. E Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential	4b. Principal Product or Service	5a. City and State where unit is located: Manchester, NJ
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5b. Description of Unit Involved: Included: A residual unit of all unrepresented employees not in the maintenance unit Excluded: Supervisors and guards as described in the Act	6a. Number 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? <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)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Union seeks an Armour-Globe election to add these employees to the maintenance uni
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 10/15/19	11c. Election Time(s): 10:30 am - 11:00 am	11d. Election Location(s): 1 Buckingham Dr., N., Manchester NJ
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12a. Full Name of Petitioner (including local name and number): SEIU 32BJ	12b. Address (street and number, city, State and ZIP code): 494 Broad Street, 3rd Fl. Newark, NJ 07102
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Service Employees International Union

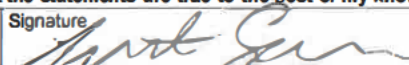
12d. Tel. No. 937-827-3225	12e. Cell No.	12f. Fax No. 862-236-3605	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Brent Garren
Deputy General Counsel

13b. Address (street and number, city, State and ZIP code): 25 W. 18th Street, 5th Floor New York, NY 10011
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13c. Tel. No. 212-388-3943	13d. Cell No. 917-208-4287	13e. Fax No. 212-388-2062	13f. E-Mail Address bgarren@seiu32bj.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) Brent Garren	Signature 	Title Deputy General Counsel	Date 09/30/19
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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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-249251	Date Filed 10/2/19

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:
Herr Food Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
7548 Brewster Avenue Philadelphia, PA 19153

3a. Employer Representative - Name and Title:
Walter Najmola

3b. Address (if same as 2b - state same):
7548 Brewster Avenue Philadelphia, PA 19153

3c. Tel. No.
2154925990

3d. Cell No.

3a. Fax No.
2154925638

3f. E-Mail Address
walter.najmola@herrs.com

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

4b. Principal Product or Service
Distibution of snack foods

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

5b. Description of Unit Involved:
Included:
All full time and regular part time sales representative

6a. Number of Employees in Unit:
42

Excluded:
All other employees, managers, supervisors and guards as defined in 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) 10/02/2019 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).

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

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

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):
10/25/2019

11c. Election Time(s):
4:00am -7:00am

11d. Election Location(s):
Conference room at employer location

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

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

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.

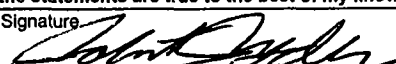
13d. Cell No.

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


Title
Secretary Treasurer

Date
10/0/2019

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-249398 Date Filed 10/4/19

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: WHYY, Inc	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 150 N. 6th Street, Philadelphia PA 19106
3a. Employer Representative - Name and Title: William J Marrazzo President & CEO	3b. Address (if same as 2b state same): Same

3c. Tel. No. 215.351.1222	3d. Cell No. 215.990.9607	3e. Fax No.	3f. E-Mail Address wmarrazzo@whyy.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Broadcasting	4b. Principal Product or Service News/Programming Content	5a. City and State where unit is located: Philadelphia, Pennsylvania
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5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A	6a. Number of Employees in Unit: 88	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) **10/2/2019** and Employer declined recognition on or about (Date) **No Reply** (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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9a. Affiliation, if any:	9b. Date of Recognition or Certification	9c. 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? _____, has picketed the Employer since (Month, Day, Year)

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

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

11. Election Details: if the NLRB conducts an election in this matter, state your position with respect to any such election: _____
11a. Election Type:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): October 23, 2019	11c. Election Time(s): 8-10 AM 4-6 PM	11d. Election Location(s): Metro Room
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12a. Full Name of Petitioner (including local name and number): Screen Actors Guild - American Federation of Television And Radio Artists (SAG-AFTRA)	12b. Address (street and number, city, State and ZIP code): 1900 Broadway, 5th Floor, New York, NY 10023
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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):
AFL-CIO

12d. Tel. No. 212-863-4206	12e. Cell No.	12f. Fax No. 212-532-2625	12g. E-Mail Address
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13a. Name and Title: See Attachment B	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) Magdalena Russell-Brown	Signature 	Title Director, Organizing	Date 10/3/2019
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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.

Attachment A (5b):

Included: All full time and regular part time employees of WHYY, Inc. who create content for Television, Radio and Digital platforms including ;

Producers, Directors, Associate Producers, Reporters, Sr. Reporter, South NJ Reporter, Multimedia Reporter, Morning News Associate, FM Art Desk Reporter, Afternoon FM Host, Afternoon Host/Anchor, Statehouse/NJ reporter, GA reporter, Producer & Host, Morning Edition, Reporter/Producer/Host, Education Reporter Delaware, General Assignment Reporter Delaware, Producer Radio Times, Producer, Reporter Keystone Crossroads, Engagement Editor PlanPhilly, Reporter PlanPhilly, Data Reporter, Associate Web Producer, Community Editor, Videographer, Multimedia Content Producer, News Editor/Producer, Producer/Reporter the Pulse, Reporter the Pulse, Multimedia Health Science Reporter, Producer the Pulse, Video Producer, Line Producer, Video and web producer/Director, Producer Reporter and Host, Video Producer Check Please, Associate Producer Check Please, Reporter Billy Penn, Political Editor Billy Penn, Newsroom Coordinator, News Production/Project Manager, Web Developer, Manager on demand audio and podcast, Web Administrator and Producer, Social Media Specialist, Radio Operations Associate, Radio Operations Assistant, Associate Producer on air, Community Relations Coordinators, Graphics and Multimedia Designer, Sr Producer Promotions, Promotions Producer, Sr Designer, Digital Marketing Coordinator, Marketing and Communications Editor.

Excluded: Office Clerical Employees, Institutional Advancement Employees, Finance and Analysis Employees, Administrative Services Employees, WHYY employees already represented by a labor union, interns, Supervisors and guards as defined by the Act.

Attachment B (13a-f):

**Joshua Mendelsohn, Senior Labor Counsel, SAG-AFTRA
1900 Broadway, 5th Floor, New York, NY 10023
Phone: 212-863-4292
Fax: 212-532-2625**

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-249415	Date Filed 10/4/19

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 Aqua America		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 762 Lancaster Ave PA Bryn Mawr 19010-	
3a. Employer Representative - Name and Title Christina Kelly		3b. Address (If same as 2b - state same) 762 Lancaster Ave PA Bryn Mawr 19010-	
3c. Tel. No. (610) 645-1107	3d. Cell No.	3e. Fax No. (610) 525-7658	3f. E-Mail Address ckelly@aquamerica.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Water Utilities		4b. Principal product or service water and waster water service	
4c. City and State where unit is located: Honesdale, PA		5a. City and State where unit is located: Honesdale, 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: 10 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"/>
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): oct 18, 2019	11c. Election Time(s): 6:00 a.m.-7:00 a.m.	11d. Election Location(s): 1775 north main street Honesdale PA, 18431 Meeting room downsta	
12a. Full Name of Petitioner (Including local name and number) Matt Toomey U O E Local 542		12b. Address (street and number, city, state, and ZIP code) 1375 virgina drive PA fort washington 19034-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel No. (215) 542-7500	12e. Cell No. (215) 317-1606	12f. Fax No.	12g. E-Mail Address matt.toomey@iuoe542.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title lou Agre Business Agent International Union of Operating Engineers		13b. Address (street and number, city, state, and ZIP code) 1375 virgina drive PA fort washington 19034-	
13c. Tel No. (215) 542-7500	13d. Cell No.	13e. Fax No.	13f. E-Mail Address lou.agre@iuoe542.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Matt Toomey	Signature Matt Toomey	Title Business Agent	Date 10/3/2019 14:06:03

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

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

all full and part-time water and waste water operators, operator trainees, inspectors, Construction coordinator and construction technicians employed by the employer and assigned to perform work in the Honesdale division

Employees Excluded

all other employees, office clerical employees, confidential employees, professional Employees, managerial employees, guards and supervisors as defined in the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-249857	Date Filed 10/15/19

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: Sterling Healthcare and Rehabilitation Center	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 318 S. Orange St., Media, PA 19063
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3a. Employer Representative - Name and Title: Dell Ko, Administrator	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 610-656-1400	3d. Cell No.	3e. Fax No. 610-566-1179	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sub-Acute Healthcare Facility	4b. Principal Product or Service Healthcare and Rehabilitation	5a. City and State where unit is located: Media, PA
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5b. Description of Unit Involved: Included: All full time, part time, and per diem LPNs employed by the Employer at its facility located at 318 S. Orange Street in Media, Pennsylvania. Excluded: All other employees.	6a. Number of Employees in Unit: 34	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) by this petition and Employer declined recognition on or about (Date) no reply (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) none	8b. Address:
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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: _____
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Nov. 5, 6, or 7	11c. Election Time(s): 7:00-7:30 am; 3:00-3:30 pm	11d. Election Location(s): Employee Breakroom
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12a. Full Name of Petitioner (including local name and number): NUHHCE, District 1199c	12b. Address (street and number, city, State and ZIP code): 1319 Locust Street, Philadelphia, PA 19107
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
AFSCME, AFL-CIO

12d. Tel. No. 215-735-1300	12e. Cell No.	12f. Fax No. 215-735-9878	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: Joseph D. Richardson, Esq.	13b. Address (street and number, city, State and ZIP code): Willig, Williams & Davidson, 1845 Walnut St., 24th Fl. Philadelphia, PA 19103
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13c. Tel. No. 215-656-3655	13d. Cell No.	13e. Fax No. 215-561-5135	13f. E-Mail Address jrichardson@wwdlaw.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) Joseph D. Richardson	Signature	Title Attorney	Date 10/11/19
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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 invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-250043	Date Filed 10/16/19

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: Student Transportation of America (STA)	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5 Blue Lake Rd. & 6401 Mill Creek Rd., Levittown, PA 19057
3a. Employer Representative - Name and Title: William Kiernan	3b. Address (if same as 2b - state same): 5 Blue Lake Road, Levittown, PA 19057

3c. Tel. No. 215-943-3200	3d. Cell No.	3e. Fax No. 215-949-8889	3f. E-Mail Address wkiernan@ridesta.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal Product or Service Transportation	5a. City and State where unit is located: Bristol Township, Pennsylvania

5b. Description of Unit Involved: Included: See Attached Sheet Excluded: See Attached Sheet	6a. Number of Employees in Unit: 101	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) N/A and Employer declined recognition on or about (Date) N/A (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/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? _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:
Only School Bus Operators, Van Drivers, and Trainers.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): November 01, 2019	11c. Election Time(s): 9:30 A.M. - 1:30 P.M.	11d. Election Location(s): Blue Lake Road Facility
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12a. Full Name of Petitioner (including local name and number): Teamsters Union Local No. 115	12b. Address (street and number, city, State and ZIP code): 10965 Decatur Road, Philadelphia, PA 19154
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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 (IBT)

12d. Tel. No. 215-335-0100	12e. Cell No.	12f. Fax No. 215-333-4146	12g. E-Mail Address organize@teamsters115.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:
Shane Reilly, Sect.-Treasurer & Business Manager

13b. Address (street and number, city, State and ZIP code): 10965 Decatur Road, Philadelphia, PA 19154			
13c. Tel. No. 215-335-0100, x. 114	13d. Cell No.	13e. Fax No. 215-335-0100	13f. E-Mail Address sreilly@teamsters115.org

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

Name (Print) Shane Reilly	Signature 	Title Sect.-Treasurer & Business Mgr.	Date 10/16/2019
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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**

ATTACHMENT

INCLUDED: All School Bus Operators, Van Drivers, and Trainers employed by the Employer at its 5 Blue Lake Road, Levittown, PA 19057 and 6401 Mill Creek Road, Levittown, PA 19057 locations servicing the Employer's contract with the Bristol Township School District.

EXCLUDED: All Dispatchers, Monitors, Mechanics, Clerks, Guards, and Supervisors as defined in the Act, and all other employees.

DO NOT WRITE IN THIS SPACE

Case No. **04-RC-250395** Date Filed **10/23/19**

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: Midwest Air Traffic Control Service, Inc.
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 200 East Millport Road Lititz, PA 17543

3a. Employer Representative - Name and Title: Mr. Shane Cordes, President / CEO
3b. Address (if same as 2b - state same): 7300 W 129th Street Overland Park, KS 66213

3c. Tel. No. (913) 782-7082
3d. Cell No.
3e. Fax No. (913) 897-9300
3f. E-Mail Address shanelc@att.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Air Traffic Control Services
4b. Principal Product or Service Air Traffic Control
5a. City and State where unit is located: Lititz, PA

5b. Description of Unit Involved:
Included: Air Traffic Control Specialist (Full & Part Time)
Excluded: Guards, Supervisors and Air Traffic Manager
6a. Number of Employees in Unit: 4
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

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

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

8c. Tel. No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any:
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Election to be held ASAP so that everyone is able to vote.
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): October 31st
11c. Election Time(s): Between 12:00 & 2:00 PM
11d. Election Location(s): Break room at control tower

12a. Full Name of Petitioner (including local name and number): Professional Air Traffic Controllers Organization, Inc.
12b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, Florida 34997

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

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: Ron Taylor, President PATCO
13b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, Florida 34997

13c. Tel. No. (772) 283-3369
13d. Cell No.
13e. Fax No. (772) 286-4154
13f. E-Mail Address patcoron@bellsouth.net

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) Ron Taylor
Signature
Title President
Date 10/14/19

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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-250558	Date Filed 10/25/19

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
Covanta Plymouth renewable energy LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1155 Conshohocken Road
PA Conshohocken 19042-8

3a. Employer Representative - Name and Title
Michael Fredericks

3b. Address (If same as 2b - state same)
445 South Street
NJ Morristown 07960-

3c. Tel. No. (863) 210-5803 **3d. Cell No.** (862) 345-5212 **3e. Fax No.** **3f. E-Mail Address** Mfredericks@covanta.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management Services **4b. Principal product or service** trash steam/renewable energy **5a. City and State where unit is located:** Conshohocken, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit: 33

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

Excluded: See Attached Page 2 for additional details

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

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

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): November 5 and 7, 2019 **11c. Election Time(s):** 3:30 pm / 6:30 pm **11d. Election Location(s):** Covanta Plymouth

12a. Full Name of Petitioner (Including local name and number)
Darin Maher
International Union of Operating Engineers Local 542

12b. Address (street and number, city, state, and ZIP code)
1375 Virginia Drive
PA Fort Washington 19034-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers Local 542

12d. Tel No. (215) 542-7500 **12e. Cell No.** (215) 479-4129 **12f. Fax No.** **12g. E-Mail Address** Darin.Maher@iuoe542.com

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

13a. Name and Title
Louis Agre Council/Organizer/Business Representative
Law Offices of Louis Agre

13b. Address (street and number, city, state, and ZIP code)
1375 Virginia Dr
PA Fort Washington 19034-

13c. Tel No. (215) 542-7500 **13d. Cell No.** (215) 852-6548 **13e. Fax No.** **13f. E-Mail Address** Lou.Agre@iuoe542.com

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

Name (Print) Darin Maher	Signature Darin Maher	Title Organizer/Business Representative	Date 10/24/2019 14:00:49
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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

Attachment

Case	Date Filed
04-RC-250558	10/25/19

Employees Included
Operators, Maintenance and scale house employees

Employees Excluded
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. 04-RC-250614	Date Filed 10/25/19

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: Car Vision	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6729 Essington Avenue - Philadelphia, PA 19153
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3a. Employer Representative - Name and Title: Juan Pablo Morales, General Manager	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 215-796-9759	3d. Cell No.	3e. Fax No. 215-596-5742	3f. E-Mail Address dean@carvision.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Car Dealership	4b. Principal Product or Service Mechanics/Detailers	5a. City and State where unit is located: Philadelphia, PA
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6b. Description of Unit Involved: Included: All mechanics and detailers both full time and part time. Excluded: All office personnel and management as defined in the Act.	6a. Number of Employees in Unit: 14	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) 10/25/19 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 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 6b 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: Any such election **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): 11/20/19	11c. Election Time(s): 9:00 am to 5:00 pm	11d. Election Location(s): 6729 Essington Ave, Phila PA 19153
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12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 830	12b. Address (street and number, city, State and ZIP code): 12298 Townsend Road, Phila., PA 19154
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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. 215-671-9850	12e. Cell No. 215-778-8598	12f. Fax No. 215-676-1324	12g. E-Mail Address dgrace@team830.org
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13a. Name and Title: Daniel H. Grace, Secretary-Treasurer	13b. Address (street and number, city, State and ZIP code): 12298 Townsend Road, Phila., PA 19154
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13c. Tel. No. 215-671-9850	13d. Cell No. 215-778-8598	13e. Fax No. 215-676-1324	13f. E-Mail Address dgrace@team830.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) Daniel H. Grace	Signature 	Title Secretary-Treasurer	Date 10/25/19
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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

Collection 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
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 04-RD-250577
Date Filed 10/25/19

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 Allshore inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 440 N. Elmwood Rd Marlton N.J. 08053	
3a. Employer Representative - Name and Title Dennis Nowak		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 856-596-5000	3d. Fax No.	3e. Cell No.	3f. E-Mail Address allshoreHvac@Comcast.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) HVAC		4b. Principal product or service HVAC	

5a. Description of Unit Involved Included: All Production and warehouse employees Excluded: Supervisors and Clerical employees		5b. City and State where unit is located: Marlton N.J.
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6. No. of Employees in Unit 2	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent International association of Sheet metal, air, Rail and transportation workers		8b. Affiliation, if any NONE	
8c. Address 1301 S Columbus Blvd, Philadelphia P.A. 19147		8d. Tel. No. 215 952 1999	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address web@SmartLUI9.org

9. Date of Recognition or Certification 10/01/18	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) N/A	a labor organization, of since (Month, Day, Year)
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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	
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12a. Name N/A	12b. Address N/A	12c. Tel. No. N/A	12d. Fax No. N/A
		12e. Cell No. N/A	12f. E-Mail Address N/A

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) 11/08/2019	13c. Election Time(s) 8AM - 8:30 AM	13d. Election Location(s) Lunch Room 440 N Elmwood Rd. Marlton, N.J. 08053
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(b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)		14d. Cell No.	(b) (6), (b) (7)(C)

14f. Affiliation, if any NONE

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

(b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	15d. Tel. No.
	15e. Fax No.
(b) (6), (b) (7)(C)	15f. Cell No. (b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 10/22/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION MAY BE CAUSE FOR 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.