

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-234105	Date Filed 1-15-2019
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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: Las Vegas Arena Management	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3950 Las Vegas Blvd South Las Vegas Nv. 89119
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3a. Employer Representative - Name and Title: Rudy Pulido-Corporate Human Resources	3b. Address (if same as 2b - state same): 840 Grier Dr. Las Vegas Nv. 89119
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3c. Tel. No. 702-692-1955	3d. Cell No. 702-349-6377	3e. Fax No. 702-669-4252	3f. E-Mail Address RPULIDO@mgmresorts.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sports Concert Venue	4b. Principal Product or Service Arena Entertainment	5a. City and State where unit is located: Las Vegas Nv.
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5b. Description of Unit Involved: Included: See Attachment Excluded: See Attachment	6a. Number of Employees in Unit: 7	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) 1/14/2019 and Employer declined recognition on or about (Date) 1/14/2019 (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) N/A	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): 1/21/19 - 1/25/2019	11c. Election Time(s): 8:30am - 10:30am	11d. Election Location(s): TBD
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers	12b. Address (street and number, city, State and ZIP code): 301 Deauville St. Las Vegas Nv. 89106
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers AFL/CIO

12d. Tel. No. 702-382-8452	12e. Cell No. 702-622-0243	12f. Fax No. (702) 386-5813	12g. E-Mail Address Kmillion@local501.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: Kevin Million / Field Representative	13b. Address (street and number, city, State and ZIP code): 301 Deauville St. Las Vegas Nv. 89106

13c. Tel. No. 702-382-8452	13d. Cell No. 702-622-0243	13e. Fax No. (702) 386-5813	13f. E-Mail Address Kmillion@local501.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) Kevin Million /	Signature 	Title Field Representative	Date 1/14/2019
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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.

5b. Description of Unit Involved:

Included:

All Full-time, regular Part-time and extra-board Maintenance Engineers, Watch-Maintenance Engineers, Senior-Watch Maintenance Engineers, Relief Senior Watch Maintenance Engineers, Relief Watch Maintenance Engineers, Relief Watch Maintenance Engineers, Lead Maintenance Engineers, Lead Locksmith Maintenance Engineers Locksmith Maintenance Engineers, Lead Laborer, Laborers employed by the employer at its facility in Las Vegas NV.

Excluded:

All other Employees, office clerical employees, security guards and supervisors as defined in the Act.

FORM NLRB-507 (RC)
4-15

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 28-RC-234433	Date Filed January 22, 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 Lockheed Martin	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) P.O. Box 1049 Litchfield Park, AZ 85340
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3a. Employer Representative - Name and Title Robert K. McCutchen, Operations Manager	3b. Address (If same as 2b - state same) 7026 N 141st Ave Bldg 617 Luke AFB, AZ 85309-1663
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3c. Tel No 623-935-5922	3d. Cell No 623-203-4094	3e. Fax No 623-856-3378	3f. E-Mail Address robert.mccutchen@lmc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Contractor for the US Air Force at Luke Air Force Base	4b. Principal product or service Conduct formal flight simulation F-16 training for the US Air Force	5a. City and State where unit is located. Luke AFB, Arizona
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5b. Description of Unit Involved Included: Electronic Techs II and III Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.	6a. No. of Employees in Unit 5	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **1/22/2019** and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
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8c. Tel No	8d. Cell No	8e. Fax No	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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): February 5 2019	11c. Election Time(s): 12:30pm - 2pm	11d. Election Location(s): <small>Unclassified Conference Room, Room #113, 7026 N 141st Ave Bldg 617, Luke AFB, AZ 85309-1663</small>
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 519	12b. Address (street and number, city, state, and ZIP code) 3117 N. 16th St. Suite 210, Phoenix, AZ 85016
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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 Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No 916-549-6907	12e. Cell No. 916-549-6907	12f. Fax No.	12g. E-Mail Address snicket@iamaw.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 Jason Hardwick, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd Suite 130 Folsom, CA 95630

13c. Tel No 916-985-8101	13d. Cell No. 916-936-6013	13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@iamaw.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) Jason Hardwick	Signature 	Title Grand Lodge Representative	Date 1/22/2019
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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 will cause the NLRB to decline to invoke its processes.

Case No. 28-RC-234874	Date Filed 1-29-2019
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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: Bally's Las Vegas Hotel & Casino	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3645 Las Vegas Blvd South Las Vegas, NV 89109
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3a. Employer Representative - Name and Title: Emily Willis Director of Human Resources	3b. Address (if same as 2b - state same): 3655 Las Vegas Blvd South Las Vegas, NV 89109
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3c. Tel. No. 702-946-4035	3d. Cell No.	3e. Fax No. 702-946-4259	3f. E-Mail Address EWillis@Caesars.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Casino	4b. Principal Product or Service: Gaming	5a. City and State where unit is located: Las Vegas, NV
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5b. Description of Unit Involved: Included: All full time and regular part-time Bally's Las Vegas Hotel & Casino Table Games Dealers Excluded: All other employees, professional guards, supervisors defined in the Act	6a. Number of Employees in Unit: 293
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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) 1-28-19 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): Transport Workers Union of America AFL-CIO	8b. Address: 2770 S Maryland Parkway #510 Las Vegas, NV 89109
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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) <u>2-28-19</u>
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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): February 19, 2019	11c. Election Time(s): 6-10am, 11am-4pm, 6pm-10pm	11d. Election Location(s): Employers Facility
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12a. Full Name of Petitioner (including local name and number): International Union, United Automobile Aerospace and Implement Workers of America (UAW)	12b. Address (street and number, city, State and ZIP code): 4310 Cameron St Suite: 11 Las Vegas, NV 89103
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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):

12d. Tel. No. 702-806-4744 ex: 102	12e. Cell No. 810-600-3134	12f. Fax No.	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: Helen Walker International Representative, Organizer	13b. Address (street and number, city, State and ZIP code): 4310 Cameron St Suite: 11 Las Vegas, NV 8903
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13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address hwalker@uaw.net
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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) Helen Walker	Signature <i>Helen Walker</i>	Title Int'l Rep - Organizer	Date 1-28-19
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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. 28-RC-234888 Date Filed 1-29-2019

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: **Harrah's LAS Vegas Hotel and Casino**
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): **3475 S. LAS Vegas Blvd. LAS Vegas, Nevada 89109**

3a. Employer Representative - Name and Title: **Aisha Collins Director of Human Resources**
3b. Address (if same as 2b - state same): **3570 LAS Vegas Blvd South LAS Vegas, Nevada 89109**

3c. Tel. No. **702-697-2550** 3d. Cell No. 3e. Fax No. 3f. E-Mail Address **Acollins@lvrio.harrahs.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Casino** 4b. Principal Product or Service **Gaming** 5a. City and State where unit is located: **LAS Vegas, Nevada**

5b. Description of Unit Involved: **Included: All Full time and regular part-time Harrah's LAS Vegas Table Game Dealers**
Excluded: All other employers, professionals, guards - supervisors defined in the act.

6a. Number of Employees in Unit: **370**
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) **1-28-19** on or about (Date) (If no reply received, so state) and Employer declined recognition
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) **Transport Workers Union of America, AFL-CIO (TWU Local 721)** 8b. Address: **2770 S. Maryland Parkway #510 LAS Vegas, Nevada 89109**

8c. Tel. No. **702-476-0648** 8d. Cell No. 8e. Fax No. **702-476-0649** 8f. E-Mail Address **rgrishkevich@twu.org**

8g. Affiliation, if any: **Transport Workers Union of America, AFL-CIO** 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) **2-28-19**

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): **February 19, 2019** 11c. Election Time(s): **6-10am, 12noon-4pm, 6pm-10pm** 11d. Election Location(s): **Employers Facility**

12a. Full Name of Petitioner (including local name and number): **International Union, United Automobile Aerospace and Implement Workers of America** 12b. Address (street and number, city, State and ZIP code): **4310 Cameron St. Suite 11 LAS Vegas, NV 89103**

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

12d. Tel. No. **702-800-4744 ex: 102** 12e. Cell No. **810-610-3134** 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: **Helen Walker International Representative, Organizer** 13b. Address (street and number, city, State and ZIP code): **4310 Cameron St. Suite 11 LAS Vegas, NV 89103**

13c. Tel. No. **810-610-3134** 13d. Cell No. 13e. Fax No. 13f. E-Mail Address **hwalker@uaw.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) **Helen Walker** Signature **Helen Walker** Title **Int'l Rep - Organizer** Date **1-28-19**

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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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: **Paris Las Vegas**
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
**3655 Las Vegas Blvd South
Las Vegas, NV 89109**

3a. Employer Representative - Name and Title: **Emily Willis
Director of Human Resources**
3b. Address (if same as 2b - state same):
**3655 LAS Vegas Blvd South
LAS Vegas, NV 89109**

3c. Tel. No. **702-946-4035** 3d. Cell No. 3e. Fax No. **702-946-4259** 3f. E-Mail Address **EWillis@caesars.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Casino**
4b. Principal Product or Service **Gaming** 5a. City and State where unit is located: **LAS Vegas, NV**

5b. Description of Unit Involved:
Included: **All Full time and regular part-time Paris
LAS Vegas Table Games Dealers**
Excluded: **All other employers, professionals, guards, supervisors defined in the Act**
6a. Number of Employees in Unit: **246**

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) **1-28-19** on or about (Date) and Employer declined recognition (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) **Transport Workers Union of America, AFL-CIO**
8b. Address: **2770 S. Maryland Parkway #510
LAS Vegas, NV 89109**

8c. Tel. No. **702-476-0648** 8d. Cell No. 8e. Fax No. **702-476-0649** 8f. E-Mail Address **rgrishkevich@twu.org**

8g. Affiliation, if any: 8h. Date of Recognition or Certification **2-28-19**
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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): **February 19, 2019** 11c. Election Time(s): **6-10am, 12noon-4pm, 6pm-10pm** 11d. Election Location(s): **Employers Facility**

12a. Full Name of Petitioner (including local name and number): **International Union, United Automobile Aerospace and Implement Workers of America**
12b. Address (street and number, city, State and ZIP code): **4310 Cameron St Suite 11
LAS Vegas, NV 89103**

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

12d. Tel. No. **702-800-4744 Ex. 102** 12e. Cell No. **810-610-3134** 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: **Helen Walker
International Representative, Organizer**
13b. Address (street and number, city, State and ZIP code): **4310 Cameron St Suite 11
LAS Vegas, NV 89103**

13c. Tel. No. 13d. Cell No. **810-610-3134** 13e. Fax No. 13f. E-Mail Address **hwalker@uaw.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) **Helen Walker** Signature **Helen Walker** Title **Int'l Rep - Organizer** Date **1-28-19**

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 (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
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RM-234875	Date Filed January 25, 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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner: AMR entities (See Attachment 1)	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6363 S. Fiddlers Green Circle, 14th Floor, Greenwood Village, CO 80111; 617 West Main St., Mesa, AZ 85201; 9299 W. Olive Ave. #704, Peoria, AZ
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3a. Employer/Petitioner Representative - Name and Title: Daniel F. Fears, Attorney for Petitioner	3b. Address (if same as 2b - state same): 4 Park Plaza, Suite 1100, Irvine, CA 92614
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3c. Tel. No. (949) 797-1222	3d. Cell No.	3e. Fax No. (949) 851-1212	3f. E-Mail Address dff@paynefears.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Care and Transportation Services	4b. Principal Product or Service non-emergency, inter-facility transportation
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5a. Description of Unit Involved: Included: 3 units, full-time and regular part-time non-emergency EMTs, paramedics, and nurses Excluded: On-call employees, supervisors, all other employees	5b. City and State where unit is located: Mesa and Peoria, AZ
	6. Number of Employees in Unit: 307

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name AFSCME Local 2960, IAFF I-60, ICEP Local 1	8b. Affiliation, if any: See Attachment 2
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8c. Address: See Attachment 2	8d. Tel. No. See Attachment 2	8e. Cell No. See Attachment 2
	8f. Fax No. See Attachment 2	8g. E-Mail Address See Attachment 2

9. Date of Recognition or Certification See Attachment 2	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) See Attachme
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11. 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) _____

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
None

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

13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: One unit: Non-emergency, Inter-facility Transport care personnel - See Attachment #3

13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s):	13c. Election Time(s):	13d. Election Location(s):
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14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title: Daniel F. Fears, Attorney for Petitioner	14b. Address (street and number, city, State and ZIP code): 4 Park Plaza, Suite 1100, Irvine, CA 92614
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14c. Tel. No. (949) 797-1222	14d. Cell No.	14e. Fax No. (949) 851-1212	14f. E-Mail Address dff@paynefears.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) Daniel F. Fears	Signature 	Title Attorney for Petitioner	Date 01/25/19
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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

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.

**AMR Entities – RM Petition
Attachment 1**

Section 2a.

Name of Petitioner: this Petition is brought on behalf of the following consolidated and integrated business units that are owned by parent-company AMR HoldCo, Inc., have common management, and whose employees perform the same job functions and work out of the same two facilities in Mesa and Peoria, Arizona: (1) American Medical Response of Maricopa, LLC dba AMR; (2) Professional Medical Transport, Inc. dba PMT, Life Line, and AMR; and (3) SW General Inc. dba Southwest Ambulance and AMR.

**AMR Entities – RM Petition
Attachment 2**

Sections 8b.-g.

IAFF I-60: 60 E. Rio Saldo Pkwy, Ste. 900, Tempe, AZ; (602) 388-6800;
kevin.burkhart@locali60.org.

AFSCME Local 2960: 3909 N. 16th St, Phoenix, AZ 85016; (602) 254-3966;
officers@afscme2960.org.

ICEP Local 1: 159 Burgin Parkway, Quincy, MA 02169; (617) 376-7237; ppetit@nage.org.

Sections 9 & 10

CBA with IAFF I-60 covers the period running from May 28, 2016 to June 30, 2019.

CBA with AFSCME 2960 covers the period running from January 1, 2018 to March 31, 2022.

CBA with ICEP Local 1 has expired. The prior CBA covered the period from September 5, 2015 to September 4, 2018.