

FORM NLRB-502 (RD)		UNITED STATES OF AMERICA		Case No.	Date Filed
(8-16)		NATIONAL LABOR RELATIONS BOARD		20-RD-240983	5/7/2019
<b>RD PETITION</b>					
<b>INSTRUCTIONS:</b> Unless e-Filed using the Agency's website, <a href="http://www.nlrb.gov">www.nlrb.gov</a> , 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.					
<b>1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - 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 Sheedy Drayage Company		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1215 Michigan Street, San Francisco, CA 94107			
3a. Employer Representative - Name and Title Richard Battani		3b. Address (If same as 2b - state name) Same			
3c. Tel. No. (415) 642-6642	3d. Fax No.	3e. Cell No.	3f. E-Mail Address rbattani@sheedydrayage.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Crane and Drayage Company			4b. Principal product or service Construction		
5a. Description of Unit Involved				5b. City and State where unit is located:  San Francisco, CA	
<b>Included:</b> All full time and regular part time Journeymen, Automotive Mechanics, Machinists, Motorcycle, Electrical, Body and Fender, Radiator, Frame, Welders, Trimmers, Radio, Erection and/or Construction Machinists and Heavy Duty Repairmen, Specialists and Apprentices, Foremen, Testers, Automotive Repair and Maintenance Dispatchers, Automotive Repair and Maintenance Service Salesmen, and all other Mechanics working on automotive or electrical equipment. <b>Excluded:</b> Managers, guards, and supervisors as defined by the Act.					
6. No. of Employees in Unit 4		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			
8a. Name of Recognized or Certified Bargaining Agent  International Association of Machinists and Aerospace Engineers (Local 1414)				8b. Affiliation, if any  AFL-CIO	
8c. Address 150 South Blvd, San Mateo, CA 94402		8d. Tel. No. (650) 341-2689		8e. Cell No. (650) 295-1223	
		8f. Fax No.		8g. E-Mail Address Dtaylor1414@comcast.com	
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 2016			
11a. Is there now a strike or picketing at the Employer's establishment(s) involved?  No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			11b. If so, approximately how many employees are participating?  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)					
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)					
12a. Name		12b. Address		12c. Tel. No.	12d. Fax No.
				12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed	
13b. Election Date(s) 4/24/18		13c. Election Time(s) 9:00 am		13d. Election Location(s) Employer's facility	
14. Full Name of Petitioner (b) (6), (b) (7)(C)					
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)				14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
				14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any					
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.					
15a. Name (b) (6), (b) (7)(C)				15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)				15d. Tel. No.	15e. Fax No.
				15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.					
Name (Print) (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)	Date Filed 05-07-19

2019 MAY -7 AM 10:42

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>20-RC-241315</b>	Date Filed <b>May 13, 2019</b>

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

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

2a. Name of Employer Pacific Unlimited Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 17-3311 Corsair Rd. GU Tiyan 96931-	
3a. Employer Representative - Name and Title Michael Limtiaco		3b. Address (If same as 2b - state same) 17-3311 Corsair Rd. GU Tiyan 96931-	
3c. Tel. No. (671) 473-4374	3d. Cell No. (671) 888-6280	3e. Fax No. (671) 473-4370	3f. E-Mail Address mlimtiaco@pacificunlimitedguam.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Warehouse and Transportation	
5a. City and State where unit is located: Barrigada, GU			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:  
18  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

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

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

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s):  
June 14, 2019  
11c. Election Time(s):  
Any  
11d. Election Location(s):  
Guam

12a. Full Name of Petitioner (including local name and number)  
Kenneth John Laguana  
Ibew Local 1260  
12b. Address (street and number, city, state, and ZIP code)  
PO BOX 326428  
GU Hagatna 96932-

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

12d. Tel No. (671) 472-4028	12e. Cell No. (671) 777-6264	12f. Fax No.	12g. E-Mail Address klaguana@ibew1260.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Kenneth John Laguana	Signature Kenneth John Laguana	Title Asst. Business Manager	Date 05/13/2019 08:54:17
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
20-RC-241315	May 13, 2019

**Employees Included**

DLA support - Warehouse workers, truck drivers, clerks, and all hourly employees.

**Employees Excluded**

Managers, supervisors, exempt and professional employees.

RECEIVED  
ILRB SUB-REGION 37  
MAY 13 AM 8:11  
HONOLULU, HAWAII

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

20-RC-241428

Date Filed

5/14/2019

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

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

<b>2a. Name of Employer</b> Lassen Pines Mutual Water Company		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 9367 Mountain Meadow Road CA Shingletown 96088	
<b>3a. Employer Representative - Name and Title</b> Dary Sardad		<b>3b. Address (If same as 2b - state same)</b> 9367 Mountain Meadow Road CA Shingletown 96088	
<b>3c. Tel. No.</b> (530) 474-4362	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> LPMW.president@gmail.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Water Utilities		<b>4b. Principal product or service</b> Water Service/Utility	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Shingletown, CA	
		<b>6a. No. of Employees in Unit:</b> 3	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 05-29-2019		<b>11c. Election Time(s):</b> 10am to 11am		<b>11d. Election Location(s):</b> 9367 Mountain Meadow Road, Shingletown, CA			
<b>12a. Full Name of Petitioner (including local name and number)</b> Tim D King Lassen Pines Water Company Employee Association				<b>12b. Address (street and number, city, state, and ZIP code)</b> 8555 Savannah Way CA Shingletown 96088			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> None none none							
<b>12d. Tel No.</b> (530) 474-4266		<b>12e. Cell No.</b>		<b>12f. Fax No.</b>		<b>12g. E-Mail Address</b> king96088@gmail.com	

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>		<b>13d. Cell No.</b>	
<b>13e. Fax No.</b>		<b>13f. E-Mail Address</b>	

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

<b>Name (Print)</b> Tim D King	<b>Signature</b> Tim King	<b>Title</b> Water Treatment Operator (T-2)	<b>Date</b> 05/13/2019 15:15:59
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full and part time and part time Water Operators and clerical staff working in and out of the employers locations and service areas.

**Employees Excluded**

Gauards.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>20-RC-242123</b>	Date Filed <b>5/24/2019</b>

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

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

<b>2a. Name of Employer</b> Fox Transportation		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3775 Seaport Boulevard, West Sacramento, CA 95691	
<b>3a. Employer Representative - Name and Title</b> Mike Fox, President		<b>3b. Address (If same as 2b - state same)</b> 8610 Helms Avenue, Rancho Cucamonga, CA 91730	
<b>3c. Tel. No.</b> (909) 291-4646	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (909) 291-4645	<b>3f. E-Mail Address</b> mike.fox@foxtrucks.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Transportation	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All truck drivers employed at 3775 Seaport Boulevard, West Sacramento, CA 95691 <b>Excluded:</b> All other employees employed at 3775 Seaport Boulevard, West Sacramento, CA 95691		<b>5a. City and State where unit is located:</b> West Sacramento, California <b>6a. No. of Employees in Unit:</b> 18 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/24/2019 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **by this Petition**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

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

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

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

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

<b>11b. Election Date(s):</b> June 4, 2019	<b>11c. Election Time(s):</b> 6:00-7:30 a.m.	<b>11d. Election Location(s):</b> On the dock at 3775 Seaport Boulevard, West Sacramento, CA
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**12a. Full Name of Petitioner (including local name and number)**  
Teamsters Union Local 150 **12b. Address (street and number, city, state, and ZIP code)**  
7120 East Parkway, Sacramento, CA 95823

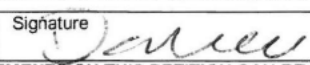
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel. No.</b> (916) 392-7070 x. 30	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (916) 392-7675	<b>12g. E-Mail Address</b> jcarterteam150@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David A. Rosenfeld, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> (510) 337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 337-1023	<b>13f. E-Mail Address</b> drosenfeld@unioncounsel.net, nlrbnotices@unioncounsel.net

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

<b>Name (Print)</b> David A. Rosenfeld	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> May 24, 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**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

20-RC-242389

Date Filed

5/30/2019

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

**1. PURPOSE OF THIS PETITION: 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.**

<b>2a. Name of Employer</b> Sacramento Area Electrical Workers Joint Apprenticeship Training and		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2836 El Centro Road CA Sacramento 95833-9602	
<b>3a. Employer Representative - Name and Title</b> Matt Nootenboom Training Director		<b>3b. Address (If same as 2b - state same)</b> 2836 El Centro Road CA Sacramento 95833-9602	
<b>3c. Tel. No.</b> (916) 646-6688	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (916) 646-0289	<b>3f. E-Mail Address</b> mnootenboom@340jatc.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Schools		<b>4b. Principal product or service</b> Electrical Apprenticeship and Training Program	
		<b>5a. City and State where unit is located:</b> Sacramento, CA	

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details  <b>Excluded:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 4
		<b>6b. 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?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

<b>8a. Name of Recognized or Certified Bargaining Agent</b> Office and Professional Employees International Union, Local 29 Tamara R. Rubyn Presid		<b>8b. Address</b> 7677 Oakport Street, Suite 480 CA Oakland 94621-	
<b>8c. Tel No.</b> (510) 746-5971	<b>8d Cell No.</b>	<b>8e. Fax No.</b> (510) 746-5977	<b>8f. E-Mail Address</b> rubyn@opeiu29.org
<b>8g. Affiliation, if any</b> AFL/CIO		<b>8h. Date of Recognition or Certification</b> 11/01/1992	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 03/31/2019

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 7/1 - 7/2/2019	<b>11c. Election Time(s):</b> 12:00-1:00 p.m.	<b>11d. Election Location(s):</b> 2836 El Centro Road Sacramento, CA 95833	

<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)	<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)
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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)** (b) (6), (b) (7)(C)

<b>12d. Tel No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b> (b) (6), (b) (7)(C)	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b>	<b>Date</b> 05/29/2019 18:59:23
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

Administrative Assistants (2), Bookkeeper (1), Office Manager (1); all office employees of the Sacramento Area Electrical Workers JATT Fund

**Employees Excluded**

7 = (1) Training Director, (6) Instructors.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

20-RD-242465

Date Filed

05/31/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - 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.			
<b>2a. Name of Employer</b> Hawaii Protective Association		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 1290 Maunakea St # A Honolulu, HI 96814	
<b>3a. Employer Representative - Name and Title</b> Brett Arizumi President		<b>3b. Address (If same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> 808 537-5938	<b>3d. Fax No.</b>	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Guard Services		<b>4b. Principal product or service</b> Security Guard Services	
<b>5a. Description of Unit Involved</b> <b>Included:</b> All Security Officers, All Security Guards <b>Excluded:</b> All Managers, Office Personnel, Confident Employees, Supervisor			<b>5b. City and State where unit is located:</b> HONOLULU, HAWAII
<b>6. No. of Employees in Unit</b> 58	<b>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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> ILWU Hawaii		<b>8b. Affiliation, if any</b>	
<b>8c. Address</b> 451 Atkinson Dr, Honolulu, HI 96814		<b>8d. Tel. No.</b> 808 949-4161	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b>
<b>9. Date of Recognition or Certification</b>		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b> (Insert Address)		<b>a labor organization, of</b> since (Month, Day, Year)	
<b>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)</b>			
<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s)</b>	<b>13c. Election Time(s)</b>	<b>13d. Election Location(s)</b>	
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)		<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b>
		<b>14d. Cell No.</b>	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b> (b) (6), (b) (7)(C)		<b>15b. Title</b> (b) (6), (b) (7)(C)	
<b>15c. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		<b>15d. Tel. No.</b> (b) (6), (b) (7)(C)	<b>15e. Fax No.</b>
		<b>15f. Cell No.</b>	<b>15g. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>(b) (6), (b) (7)(C)</b>	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 05/27/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION

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

(1a)