

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-244144	Date Filed 7/1/2019

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
Hertz Corp.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
600 Terminal Drive, Suite 305, Ft. Lauderdale, FL 33315

3a. Employer Representative - Name and Title
Robert McCauley, General Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No. 954-712-5200

3d. Cell No.

3e. Fax No.

3f. E-Mail Address rmcauley@hertz.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Car rental facility

4b. Principal product or service
Renting cars to travelers

5a. City and State where unit is located:
Ft. Lauderdale, FL

5b. Description of Unit Involved
Included: All Instant Return Representatives at the Employer's Fort Lauderdale Facility.
Excluded: All other Employees at the Fort Lauderdale Facility.

6a. No. of Employees in Unit: 11

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). n/a

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any
International Brotherhood of Teamsters

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? _____
(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 n/a	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): July 30, 2019

11c. Election Time(s): During regular work hours: 9a - 5p

11d. Election Location(s): Employer's break room

12a. Full Name of Petitioner (including local name and number)
Teamsters Local Union No. 769

12b. Address (street and number, city, state, and ZIP code)
12365 W. Dixie Highway, North Miami, FL 33161

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. 305-642-6255

12e. Cell No. 786-473-8275

12f. Fax No. 305-891-5896

12g. E-Mail Address don769@bellsouth.net

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

13a. Name and Title D. Marcus Braswell, Jr., Esq. c/o Sugarman & Susskind, P.A.

13b. Address (street and number, city, state, and ZIP code)
100 Miracle Mile, Suite 300, Coral Gables, Florida 33134

13c. Tel No. 305-529-2801

13d. Cell No. 305-206-2316

13e. Fax No. 305-447-8115

13f. E-Mail Address mbraswell@sugarmansusskind.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) D. Marcus Braswell, Jr.	Signature 	Title Attorney	Date June 28, 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)

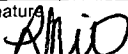
PRIVACY ACT STATEMENT

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.

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-244226	Date Filed 7/2/2019

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: Autonation Mercedes Benz of Pembroke Pines		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 14199 Pines Blvd., Pembroke Pines, Florida 33027	
3a. Employer Representative - Name and Title: Enrique Castro, Director of Service		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 954-644-5035	3d. Cell No. 954-864-9279	3e. Fax No. 954-517-8629	3f. E-Mail Address Castroc@autonation.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service Center		4b. Principal Product or Service Auto Service and Maintenance	5a. City and State where unit is located: Pembroke Pines, Florida
5b. Description of Unit Involved: Included: All full time mechanics and automotive technicians Excluded: All other employees			6a. Number of Employees in Unit: 32 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
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) 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? <u>No</u> 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 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): August 6, 2019		11c. Election Time(s): 11:00 am - 1:30 pm	
11d. Election Location(s): Front conference room at the site			
12a. Full Name of Petitioner (including local name and number): Federation of Private Employees, A Division of the Nat'l Federation of Public & Private Employees, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 1700 NW 66th Ave., Suite 100-B Plantation, Florida 33313	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Federation of Public & Private Employees, AFL-CIO			
12d. Tel. No. 954-797-7575	12e. Cell No. 954-648-0399	12f. Fax No. 954-797-2922	12g. E-Mail Address guy.masters@federationmembers.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Lucia Piva, Esq., Union Attorney		13b. Address (street and number, city, State and ZIP code): 9360 SW 72 Street, Miami, Florida 33173	
13c. Tel. No. 305-412-8322	13d. Cell No. 786-443-6187	13e. Fax No. 305-412-8299	13f. E-Mail Address lpiva@phillipsrichard.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) Lucia Piva		Signature 	Title Union Attorney
			Date 7/2/2019

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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. 12-RC-244411 Date Filed 7/5/19

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: Sysco South Florida, Inc. **2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 12500 N.W. 112th Avenue Medley, FL 33178-1055

3a. Employer Representative - Name and Title: John Abreu, Operations Manager/Director **3b. Address (if same as 2b - state same):** Same

3c. Tel. No. (305) 561-5421 **3d. Cell No.** **3e. Fax No.** (305) 653-0238 **3f. E-Mail Address** john.abreu@sysco.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing **4b. Principal Product or Service** food & supplies and deliveries **5a. City and State where unit is located:** Miami, FL

5b. Description of Unit Involved:
Included: All Warehouse employees in the attached job classifications list.
Excluded: All other employees at the facility

6a. Number of Employees in Unit: 120
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) n/a **8b. Address:**

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

8g. Affiliation, if any: International Brotherhood of Teamsters **8h. Date of Recognition or Certification** n/a **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 n/a **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): **11c. Election Time(s):** **11d. Election Location(s):**

12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 769 **12b. Address (street and number, city, State and ZIP code):** 12365 W. Dixie Highway, North Miami, FL 33161

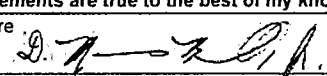
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters

12d. Tel. No. 305-642-6255 **12e. Cell No.** **12f. Fax No.** 305-891-5896 **12g. E-Mail Address** dvera@teamsterslocal769.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: D. Marcus Braswell, Jr., c/o Sugarman & Susskind, P.A. **13b. Address (street and number, city, State and ZIP code):** 100 Miracle Mile, Suite 300, Coral Gables, FL 33134

13c. Tel. No. 305-529-2801 **13d. Cell No.** 305-206-2316 **13e. Fax No.** 305-447-8115 **13f. E-Mail Address** mbraswell@sugarmansusskind.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) D. Marcus Braswell, Jr. **Signature**  **Title** Attorney **Date** 7/5/2019

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

Job Classification (Job Titles)

1. Cycle Counter
2. Facility Tech I
3. Fleet Technician II, Journeyman
4. Fleet Technician III, Master
5. Forklift Operator Let Down
6. Forklift Operator, Putaway
7. Inbound (Will Call) Selector
8. Inbound Receiver
9. MHE Tech II
10. O-OBSelector
11. Outbound Loader
12. Outbound Selector
13. Outbound Selector Medley
14. Outbound Short Runner
15. Outbound Warehouse Clerk
16. QA Inspector
17. QA Produce Inspector
18. Returns Putaway

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-244554	Date Filed 07/09/2019

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: Autonation Mercedes Benz of Pembroke Pines	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 14199 Pines Blvd., Pembroke Pines, Florida 33027
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3a. Employer Representative - Name and Title: Enrique Castro, Director of Service	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 954-644-5035	3d. Cell No. 954-864-9279	3e. Fax No. 954-517-8629	3f. E-Mail Address Castroe@autonation.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service Center	4b. Principal Product or Service Auto Service and Maintenance	5a. City and State where unit is located: Pembroke Pines, Florida
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5b. Description of Unit Involved: Included: All full time mechanics and automotive technicians Excluded: All other employees	6a. Number of Employees in Unit: 32
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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? Yes No

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 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)
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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): August 6, 2019	11c. Election Time(s): 11:00 am - 1:30 pm	11d. Election Location(s): Front conference room at the site
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12a. Full Name of Petitioner (including local name and number): Federation of Private Employees, A Division of the Nat'l Federation of Public & Private Employees, AFL-CIO	12b. Address (street and number, city, State and ZIP code): 1700 NW 66th Ave., Suite 100-B Plantation, Florida 33313
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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):
National Federation of Public & Private Employees, AFL-CIO

12d. Tel. No. 954-797-7575	12e. Cell No. 954-648-0399	12f. Fax No. 954-797-2922	12g. E-Mail Address guy.masters@federationmembers.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: Lucia Piva, Esq., Union Attorney	13b. Address (street and number, city, State and ZIP code): 9360 SW 72 Street, Miami, Florida 33173

13c. Tel. No. 305-412-8322	13d. Cell No. 786-443-6187	13e. Fax No. 305-412-8299	13f. E-Mail Address lpiva@phillipsrichard.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) Kathleen M. Phillips, Esquire	Signature 	Title Union Attorney	Date 7/9/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 12-RC-245549	Date Filed 07/26/19

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

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

2a. Name of Employer BERING SEA ENVIRONMENTAL		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 18510 NFS53, ALTOONA, FL 32702	
3a. Employer Representative - Name and Title PHILLIP MACKEPFRANG		3b. Parent Company Address (if same as 2b - state same) 3601 C STREET, ANCHORAGE, AK 99503	
3c. Tel. No. 352-759-2949	3d. Cell No.	3e. Fax No. 352-759-3204	3d. E-Mail Address PHILLIP.MACKEPFRANG.CTR@NAVY.MIL
4a. Type of Establishment (Factory, mine, wholesaler, etc.) GOVERNMENT CONTRACTOR		4b. Principal product or service EXPLOSIVE ORDINANCE DISPOSAL	6a. City and State where unit is located: ALTOONA, FL

5b. Description of Unit Involved Included: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: EOD TECHS, 1,2,3 WORKING AT THE COMPANY'S FACILITY AT THE PINECASTLE BOMBING RANGE IN ALTOONA, FL. Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN 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 Petition will serve as request for recognition 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 N/A	
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? N/A 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 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 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): AUGUST 13, 2019	11c. Election Time(s): 7:00 AM - 8:00 AM	11d. Election Location(s): 18510 NFS53, BUILDING 120, ALTOONA, FL 32702	

12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011
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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. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	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 JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@IAMAW.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) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 7/26/2019
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RD-245705	Date Filed 7/30/19

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: 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 DOLLAR THRIFTY AUTOMOTIVE GROUP, INC.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2510 Jetport Dr, Orlando, FL 32809-8146	
3a. Employer Representative - Name and Title DEREK S. KAMERER, GENERAL MANAGER		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (407)825-3959	3d. Cell No. (404)216-7479	3e. Fax No. (407)825-3252	3f. E-Mail Address DKamerer@hertz.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) CAR RENTAL		4b. Principal product or service RENTAL CAR COMPANY	
		5a. City and State where unit is located: Orlando, FL	

5b. Description of Unit Involved
Included: All full-time and regular part-time instant return agents, lead instant return agents, express agents, lot attendants, and lead lot attendants employed by the Employer at its facility located at the Orlando International Airport, 9201 Airport Boulevard, Orlando, Florida.
Excluded: All other employees, guards and supervisors as defined in the Act.

5a. No. of Employees in Unit:
35
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? 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 UNITED SERVICE WORKERS UNION, INTERNATIONAL UNION OF JOURNEYMEN AND ALLIED TRADES, LOCAL 74		8b. Address 5448 Hoffner Avenue, Ste. 204, Orlando, FL 32812-2513	
8c. Tel. No. (407)273-8021	8d. Cell No. (407)259-1820	8e. Fax No. (407)273-4042	8f. E-Mail Address local74@bellsouth.net
8g. Affiliation, if any UNITED SERVICE WORKERS UNION, INTERNATIONAL UNION OF JOURNEYMEN AND ALLIED TRADES		8h. Date of Recognition or Certification July 21, 2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) July 27, 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) 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): August 14, 2019
11c. Election Time(s): 8:00 a.m. to 9:00 a.m. AND 4:00 p.m. to 5:00 p.m.
11d. Election Location(s): Employer's Conference Room, A Side, Orlando International Airport

12a. Full Name of Petitioner
(b) (6), (b) (7)(C) an Individual
12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

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

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (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.
13a. Name and Title
(b) (6), (b) (7)(C)
13b. Address (street and number, city, state, and ZIP code)
SAME AS ABOVE
13c. Tel. No.
SAME AS ABOVE
13d. Cell No.
SAME AS ABOVE
13e. Fax No.
SAME AS ABOVE
13f. E-Mail Address
SAME AS ABOVE

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)** 7-27-2019

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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(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-244832

Date Filed
July 15, 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
Puerto Rico Coffee Roaster, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2822 BLVD Luis A. Ferré, Ponce PR 00717

3a. Employer Representative - Name and Title
Ronald Vilanova Giuliani, Manager

3b. Address (If same as 2b - state same)
SAME AS ABOVE

3c. Tel. No.
(787)842-3160

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
rvilanova@yaucono.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
factory/manufacture

4b. Principal product or service
coffee

5a. City and State where unit is located:
Ponce, PR

5b. Description of Unit Involved

Included: All production workers, operators, mechanics, and quality control employees employed by the Employer at its facility in Ponce, Puerto Rico.

Excluded: Guards, supervisors and managers as defined by the Act

6a. No. of Employees in Unit:
32

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):
August 2, 2019

11c. Election Time(s):
2:00 p.m. -4:00 p.m.

11d. Election Location(s):
Cafeteria at Employer's facility (2822 BLVS Luis A Ferre, Ponce PR 00717)

12a. Full Name of Petitioner (including local name and number)
Programa de Solidaridad, PROSOL

12b. Address (street and number, city, state, and ZIP code)
P O Box 9063 San Juan, PR 00908

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

12d. Tel No.
(787)724-6118

12e. Cell No.
(787)368-6210

12f. Fax No.
(787)724-6149

12g. E-Mail Address
luispedrazaeduc@gmail.com

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

13a. Name and Title
Luis Pedraza Leduc, Coordinator

13b. Address (street and number, city, state, and ZIP code)
P O Box 9063 San Juan, PR 00908

13c. Tel No.
SAME AS ABOVE

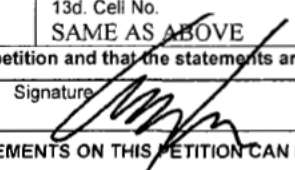
13d. Cell No.
SAME AS ABOVE

13e. Fax No.
SAME AS ABOVE

13f. E-Mail Address
SAME AS ABOVE

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)
Luis Pedraza Leduc

Signature


Title
Coordinator

Date
15-7-2019

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

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