

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-237483

Date Filed

MAR 12, 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 Antilles Gas Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO Box 302067 VI St. Thomas 00803-	
3a. Employer Representative - Name and Title David Neely		3b. Address (If same as 2b - state same) PO Box 302067 VI St. Thomas 00803-	
3c. Tel. No. (340) 777-8427	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dneely@antillesgas.vi
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Fuel Delivery Company	
		5a. City and State where unit is located: St Thomas, VI	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 15
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 01/11/2019 and Employer declined recognition on of about 02/22/2019 (Date) (If no reply received, so state). Yes**
☐ **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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/24/19	11c. Election Time(s): 4pm to 6pm	11d. Election Location(s): Gertrude's Restaurant on St. Croix	

12a. Full Name of Petitioner (including local name and number) John J Merchant Esq United Industrial, Service, Transportation, Professional and Governmental Workers of North America, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) PO Box 7630 VI Christiansted 00823-
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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)
Seafarers International Union of North America, Atlantic Gulf, Lakes and Inland Waters District/NMU, AFL-CIO

12d. Tel No. (340) 773-6055	12e. Cell No.	12f. Fax No. (340) 773-6559	12g. E-Mail Address jmerchant@seafarers.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 John J Merchant Esq. Assistant National Director United Industrial, Service, Transportation, Professional and Government Worker		13b. Address (street and number, city, state, and ZIP code) PO Box 7630 VI Christiansted 00823-	
13c. Tel No. (340) 773-6055	13d. Cell No. (917) 355-9100	13e. Fax No. (340) 773-6559	13f. E-Mail Address jmerchant@seafarers.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) John J Merchant Esq.	Signature John J. Merchant, Esq.	Title Assistant National Director	Date 03/8/2019 16:50:07
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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 Service and Maintenance employees, Drivers, Helpers, Office Clerks/Cashiers

Employees Excluded

Accounting Clerks, Professional Employees, Watchmen, Guards & Supervisors

N JUAN, PR 00918-1720

019 MAR 12 PM 2:30

RECEIVED
MLRB
REGION 24

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

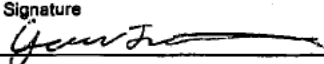
DO NOT WRITE IN THIS SPACE

Case No.
12-RC-237587

Date Filed
3-13-19

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: Florida Public Services Union -SEIU		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 2112 S Congress Ave #205 West Palm Beach FL 33406	
3a. Employer Representative - Name and Title: Alphonso Mayfield, FPSU President		3b. Address (if same as 2b - state same): (Same)	
3c. Tel. No. 561-779-7370	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Alphonso.Mayfield@seiufpsu.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Labor Union		4b. Principal Product or Service Union Organizing	
5a. City and State where unit is located: All regions, State of Florida		5b. Description of Unit Involved: Included: All full time and part-time organizers, senior organizers and lead organizers. Excluded: All directors, presidents, consultants, data coordinators/clerks, administrative assistants	
6a. Number of Employees in Unit 12		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/12/19 and Employer declined recognition on or about (Date) No Reply (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? 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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 4/03/2019	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Washington-Baltimore News Guild - Communication Workers of America Local 32035		12b. Address (street and number, city, State and ZIP code): 1225 Eye Street NW, Suite 300 Washington, DC 20005	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The News Guild - Communication Workers of America			
12d. Tel. No. 202-785-3650 ex-15	12e. Cell No.	12f. Fax No.	12g. E-Mail Address b.corneljett@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jeremiah Tattersall, unit chair		13b. Address (street and number, city, State and ZIP code): 230 NW 14th Ave. Gainesville, FL 32601	
13c. Tel. No. 352-222-1991	13d. Cell No. 352-222-1991	13e. Fax No.	13f. E-Mail Address JeremiahTattersall@gmail.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) Jeremiah Tattersall	Signature 	Title Unit Chair	Date 03/11/19

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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-237785

Date Filed

March 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:

MVM, INC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

ICE Guaynado and Aguadilla detention centers.

3a. Employer Representative - Name and Title:

Lisa Johnson, VP/Human Resources

3b. Address (if same as 2b - state same):

44620 Guilford Ave, suite 150 Ashburn, VA 20147

3c. Tel. No.

571-223-4518

3d. Cell No.

571-439-1376

3e. Fax No.

(571) 223-4474

3f. E-Mail Address

JohnsonLisa@mvmnc.com

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

Security

4b. Principal Product or Service

Security Services

5a. City and State where unit is located:

Guaynado and Aguadilla, PR

5b. Description of Unit Involved:**Included:**

All full and part time armed and unarmed Security Officers employee

Excluded:

All Other personal, supervisor and other employees as defined under the act.

6a. Number of Employees in Unit:

51

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:**

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?** _____

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 and 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):**

04/01/19

11c. Election Time(s):

6am- 9am / 6pm a 9pm

11d. Election Location(s):

Guaynado, San Juan and other locations

12a. Full Name of Petitioner (including local name and number):

Union de Profesionales de la Seguridad Privada y Transporte de Valores

12b. Address (street and number, city, State and ZIP code):

PO BOX 29146 San Juan PR 00929

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**12d. Tel. No.****12e. Cell No.**

787-677-6366

12f. Fax No.**12g. E-Mail Address**

upsptv@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**13a. Name and Title:**

Iram Ramirez

13b. Address (street and number, city, State and ZIP code):

PO BOX 29146 San Juan PR 00929

13c. Tel. No.**13d. Cell No.**

787-677-6366

13e. Fax No.**13f. E-Mail Address**

upsptv@gmail.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)**

Iram Ramirez

Signature**Title**

Executive Director

Date

3/15/19

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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-237810

Date Filed

March 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:

Triple Canopy-Constellis

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

Manati, Guayama, Caguas, Ponce, San Juan, Mayaguez, Aguadilla, Guaynado, Arecibo, Humacao and other location around PR

3a. Employer Representative - Name and Title:

Richard Eaton- Director, Labor Relations

3b. Address (if same as 2b - state same):

12018 Sunrise Valley Drive, Suite 140 Reston, Virginia 20191

3c. Tel. No.

703-673-4219

3d. Cell No.

424-298-0280

3e. Fax No.

703 860 4184

3f. E-Mail Address

richard.eaton@constellis.com

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

Security

4b. Principal Product or Service

Security Services

5a. City and State where unit is located:

Multiple locations around PR.

5b. Description of Unit Involved:

Included:

All full and part time armed and unarmed Security Officers employee

Excluded:

All Other personal, supervisor and other employees as defined under the act.

6a. Number of Employees in Unit:

158

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
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? _____ 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):

04/01/19

11c. Election Time(s):

6am- 9am / 6pm a 9pm

11d. Election Location(s):

Guaynado, San Juan and other locations

12a. Full Name of Petitioner (including local name and number):

Union de Profesionales de la Seguridad Privada y
Transporte de Valores

12b. Address (street and number, city, State and ZIP code):

PO BOX 29146 San Juan PR 00929

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

12d. Tel. No.

12e. Cell No.

787-677-6366

12f. Fax No.

12g. E-Mail Address

upsptv@gmail.com

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

13a. Name and Title:

Iram Ramirez

13b. Address (street and number, city, State and ZIP code):

PO BOX 29146 San Juan PR 00929

13c. Tel. No.

13d. Cell No.

787-677-6366

13e. Fax No.

13f. E-Mail Address

upsptv@gmail.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)

Iram Ramirez

Signature

Title

Executive Director

Date

3/15/19

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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-238280Date Filed
MAR 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 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: Stericycle (Biosystem)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Lote #15 y #17, Calle Campeche, Julio N. Matos Ind. Park, Carolina, PR 00987	
3a. Employer Representative - Name and Title: Saskia Lebrón		3b. Address (if same as 2b - state same): "	
3c. Tel. No. 787-752-1377	3d. Cell No.	3e. Fax No. 866-804-4007	3f. E-Mail Address Saskia.Lebro@stericycle.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): BioMedicine Waste		4b. Principal Product or Service Waste (Bio) Disposal	
5a. City and State where unit is located: Carolina		5b. Description of Unit Involved: Included: All Service Technicians employed by the company Excluded: All other employees defined by the Act.	
6a. Number 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? <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? <input checked="" type="checkbox"/> 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 and 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): April 10, 2019		11c. Election Time(s): 1:00 pm	
11d. Election Location(s): Conference Room			
12a. Full Name of Petitioner (including local name and number): Central General de Trabajadores		12b. Address (street and number, city, State and ZIP code): PO Box 192901 San Juan, P.R. 00919-2901	
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. 296-4924	12e. Cell No. 328-4330	12f. Fax No. 250-8074	12g. E-Mail Address cgt.puertorico@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Scott F. Barbes Cammaro / Rep		13b. Address (street and number, city, State and ZIP code): PO Box 192901 San Juan, P.R. 00919-2901	
13c. Tel. No. 328-4330	13d. Cell No.	13e. Fax No.	13f. E-Mail Address cgt.puertorico@gmail.com / sbarbes@gmail.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) Scott F. Barbes Cammaro		Signature [Signature]	
Title Rep.		Date 25/3/2019	

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-238295

Date Filed
MAR 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 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 DWH Business Services INC.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) RR2 Box 9405 Kingshill, USVI 00850	
3a. Employer Representative - Name and Title Yecenia Bermudez - Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 340-778-1818	3d. Cell No.	3e. Fax No. 340-778-9883	3f. E-Mail Address yecenia.bermudez@dwhgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Business Services INC.		4b. Principal product or service Service and Maintenance	
5a. City and State where unit is located: St. Croix, Kingshill, USVI		5b. Description of Unit Involved Included: Grounds Men, Maintenance, Grounds Keeper Excluded: Management, Office Clerk, Secretary, Supervisors, Guards	
6a. No. of Employees in Unit: 12		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state).			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). United Industrial Workers Of The Seafarers International Union		8b. Address Five Corners Plaza, Christiansted, St. Croix 00820	
8c. Tel No. 340-773-6055	8d. Cell No.	8e. Fax No. 340-773-6559	8f. E-Mail Address uiwstb@seafarers.org
8g. Affiliation, if any		8h. Date of Recognition or Certification January 31, 2019	

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)
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): 4/24/2019	11c. Election Time(s): 8am-10am	11d. Election Location(s): RR2 Box 9405 Kingshill, USVI 00850
12a. Full Name of Petitioner (including local name and number) Virgin Islands Workers Union		12b. Address (street and number, city, state, and ZIP code) PO Box 3112 Christiansted, VI 00822	

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. 340-773-3131	12e. Cell No. 340-642-3398	12f. Fax No. 340-773-1158	12g. E-Mail Address viworkersunion@yahoo.com
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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 Charlesworth Nicholas- President		13b. Address (street and number, city, state, and ZIP code) Same	
13c. Tel No. Same	13d. Cell No. Same	13e. Fax No. Same	13f. E-Mail Address Same

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) Charlesworth Nicholas	Signature 	Title President	Date 3/25/2019
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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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-238646

Date Filed
MAR 29, 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	
5b. Description of Unit Involved Included: All persons employed as customer service representatives (CSR) at the Ft. Lauderdale Airport location. Excluded: All other employees.			5a. City and State where unit is located: Ft. Lauderdale, FL
			6a. No. of Employees in Unit: 20 (approximately)
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): April 25, 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

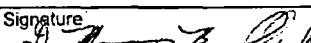
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

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
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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 Donald Marr		13b. Address (street and number, city, state, and ZIP code) 12365 W. Dixie Highway, North Miami, FL 33161	
13c. Tel. No. 305-642-6255	13d. Cell No. 786-473-8275	13e. Fax No. 305-891-5896	13f. E-Mail Address don769@bellsouth.net

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

Name (Print) D. Marcus Braswell, Jr.	Signature 	Title Attorney	Date March 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

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