8c. Tel No.

Name (Print)

John J Merchant Esq

8q. Affiliation, if any

(Name of labor organization)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No

8d Cell No

Case No. 12-RC-237483

DO NOT WRITE IN THIS SPACE

Date Filed MAR 12, 2019

8f. E-Mail Address

03/8/2019 16:50:07

If so, approximately how many employees are participating?

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO Box 302067 VI St. Thomas 00803-Antilles Gas Corporation 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) PO Box 302067 VI St. Thomas 00803-David Neelv 3d. Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address dneelv@antillesgas.vi (340) 777-8427 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Services Feul Delivery Company St Thomas, VI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 01/11/2019 and Employer declined recognition on of about

8b. Address

8h. Date of Recognition or Certification

has picketed the Employer since (Month, Day, Year)

8e. Fax No.

O2/22/2019 (Date) (If no reply received, so state). Yes
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act

Organizations or individuals other than known to have a representative interest in a				presentatives and other organizations and individuals		
10a. Name	e 10b. Address		10c. Tel. No.	10d. Cell No.		
			10e. Fax No.	10f. E-Mail Address		
Election Details: If the NLRB conducts any such election.	s an election in this matter, state you	r position with respect to	11a. Election Type	e: 🔽 Manual 🦳 Mail 🦳 Mixed Manual/Mail		
11b. Election Date(s): 3/24/19	11c. Election,Time(s): 4pm to 6pm		11d. Election Loca Gertrude's Restau	• •		
12a. Full Name of Petitioner (including lo John J Merchant Esq. United Industrial, Service, Transportation, Profession	ocal name and number) nal and Governmental Workers of North A	merica, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) PO Box 7630 VI Christiansted 00823-			
12c. Full name of national or international la Seafarers international Union of North Amer	abor organization of which Petitioner ica, Atlantic Gulf, Lakes and Inland V	is an affiliate or constituen Vaters District/NMU, AFL-	it (if none, so state)			
12d. Tel No. (340) 773-6055	12e. Cell No.	12f. Fax No. (340) 773-6559		12g. E-Mail Address jmerchant@seafarers.org		
13. Representative of the Petitioner who	will accept service of all papers for	or purposes of the repres	entation proceedir	ig.		
13a. Name and Title		1 13b. Address (street and	d number, city, state,	and ZIP code)		
John J Merchant Esq. Assistant National Dir United Industrial, Service, Transportation, Pr	ector ofessional and Government Worker	PO Box 7630 VI Christiansted 00823-				
13c. Tel No.	13d. Cell No.	13e. Fax No.		13f. E-Mail Address		
(340) 773-6055	(917) 355-9100	(340) 773-6559		jmerchant@seafarers.org		

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

Assistant National Director

Title

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

Signature

John J. Merchant, Esq.

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.

Atta	ch	me	ent

	VRITE IN THIS SPACE		
Case		Date Filed	

Employees Included

All Service and Mantenance employees, Drivers, Helpers, Office Clerks/Cashiers

Employees Excluded

Accounting Clerks, Professional Employees, Watchmen, Guards & Supervisors

05:S M9 S1 84M P10 0STI-81600 89. WAUL W

> BECION ST NEB BECEINED

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS S	BPACE
1	Date Filed
12-RC-237587	3-13-19

		RC PETITIO	ON				1	2-RC-23	37587		3-1	3-19
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 481	ne petition named in t	must be accon he petition of:	panied by (1) the per	/ bot	h a sh ı; (2) S	owing of interest (s tatement of Position	ee 6l n for	b below) and m (Form NLF	a certificat RB-505); and	of service she (3) Descriptio	on in wi owing so n of Rep	nich the prvice on presentation
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	oner desire	to be certified	as represe d under its	ntati pro	ve of the	ne employees. The Po thority pursuant to	etitic Sect	oner alleges t tion 9 of the I	that the folia National La	owing circumstoor Relations A	ànces e ct.	
2a. Name of Employer: Florida Public Services Ut	nion -SE	III I				Establishment(s) involves Ave #205	olved	(Street and r	umber, City	State, ZIP code)):	•
Plotida i ubile services of	inon -SL	10				each FL 33406						
3a. Employer Representative - Nam Alphonso Mayfield, FPSU			3b. Add (Sam		(if sam	e as 2b - state same,):					
3c. Tel. No. 561-779-7370	3d. Cell No		3e.	Fax No) .		3f. E-Mail A Alphons	o.Mayfi	eld@seiufp	_		
4a. Type of Establishment (Factory, r Labor Union	nine, whole	seler, etc.)				al Product or Service Organizing				d State where u ions, State		
6b. Description of Unit Involved: Included: All full time and part-time	organiz	ers, senior	organiz	ers	and	lead organizers	 S.		6a. Numbe 12	r of Employees	in Unit:	
Excluded: All directors, presidents, c	onsultar	nts, data coo	ordinato	ors/	clerk	s, administrativ	ve a		of the e represe	bstantial number mployees in the nted by the Peti	unit wis tloner? [to be
Check One: 7a. Request for reco	No F	teply (If	no reply re	ceiv	ed, so :	state).	/12/		i Employer d	eclined recognit	ion	
7b. Petitioner is cur 8a. Name of Recognized or Certifie						ind desires certification	on ur	nder the Act.				
(none)			,									
8c. Tel. No.	8d. Cell No).		80.	Fax No).		8f. E-Mail A	ddress			
8g. Affiliation, if any:			81	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 a	t the Emplo	yer's establishm	ent(s) invo	lved	?	If so, appro				s are participatin	· —	
(Name of Labor Organization)							_			er since (Month,		
Organizations or individuals other individuals known to have a repre										es and other org	anization	s and
10a. Name		10b. Address						10c. Tel. No	Э.	10d. Cell No.		
								10e. Fax No	э.	10f. E-Mail Add	iress	
11. Election Details: If the NLRB con	nducts and	election in this n	natter, stat	е уо	ur posit	tion with respect to a	ny su	ch election:	11a. Election Manua		Mixed	Manual/Mail
11b. Election Date(s): 4/03/2019		11c. Election T	ime(s):					11d. Election	n Location(s):		
12a. Full Name of Petitioner (includ Washington-Baltimore Ne	ws Gui	me and number d - Commu): inicatio	n		12b. Address (stree 1225 Eye Stre	et l	NW, Suite		IP code):		
Workers of America Loca						Washington,						
12c. Full name of national or internati The News Guild - Commu	unication	1 Workers	of Ame	rica	١		(if n					
12d. Tel. No. 202-785-3650 ex-15	12e, Çeli N	lo.		12f.	. Fax N	0.		b.cornel	Address jett@gm	ail.com		
13. Representative of the Petitione 13s. Name and Title: Jeremiah Tattersall, unit cha		accept service	of all pape	135	. Addre	poses of the represent poses (street and numb 1/14th Ave. Gair	er, c	ity, State and ville, FL 32	ZIP code): 2601			
13c. Tel. No. 352-222-1991	13d, Cell I 352-22	10. 2-1991		136	. Fax N	No.		131. E-Mail Jeremia		ıll@gmail.c	om	
I declare that I have read the above	e petition a			re tr	ue to ti	he best of my know						B-1-
Name (Print) Jeremiah Tattersall		Signatu	ire eer J	- تصر			Ü	ue Init Chair				Date 03/11/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
12-RC-237785	March 15, 2019					

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nfrb.gov/], submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is located. 1 the employer and all other parties Case Procedures (Form NLRB 48	s named in the p	etition of: (1) the	petition; (2) \$	Statement of Position	form (Form NL	RB-505); an	d (3) Description of Representation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	tioner desires to b	e certified as repr	esentative of t	the employees. The Pe	titioner alleges	that the fol	lowing circumstances exist and	
2a. Name of Employer:		2b. A	ddress(es) of	Establishment(s) invol	ved (Street and	number, City	, State, ZIP code):	
MVM, INC		ICI	ICE Guaynado and Aguadilla detention centers.					
3a. Employer Representative - Nar	ne and Title:	3b. A	ddress (if san	ne as 2b - state same).	:			
Lisa Johnson, VP/Huma	n Resources	440	520 Guilfo	ord Ave, suite 1:	50 Ashburn	, VA 201	47	
3c, Tel. No.	3d. Cell No.		3e. Fax N	О.	3f. E-Mail A	Address		
571-223-4518	571-439-1			223-4474	Johnson		nvminc.com	
4a. Type of Establishment (Factory,	mine, wholesaler	, etc.)		pal Product or Service		1 - 1	nd State where unit is located:	
Security 5b. Description of Unit Involved:			Securi	ty Services			nado and Aguadilla, PR	
Included:						1	er of Employees in Unit:	
All full and part time arm	ned and unar	med Security	Officers	employee		51 6b. Do a s	substantial number (30% or more)	
All Other personal, super	visor and oth	her employee	s as defin	ed under the act	t.	of the	employees in the unit wish to be ented by the Petitioner?	
Check One: 7a. Request for red	cognition as Barga	aining Representa	ive was made	on (Date)			declined recognition	
on or about (Date) 7b. Petitioner is cu			received, so		n under the Act			
8a. Name of Recognized or Certific				ddress:	il ulidel tile Act.			
· · · · · · · · · · · · · · · · · · ·		,						
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Mail A	Address		
8g. Affiliation, if any:			8h. Date of R n/a	Recognition or Certifica		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
Is there now a strike or picketing a	at the Employer's	establishment(s) ir	volved?	If so, approx	imately how mai	ny employee	s are participating?	
(Name of Labor Organization)					, has picketed	the Employ	er since (Month, Day, Year)	
Organizations or individuals othe individuals known to have a representation.							es and other organizations and	
10a. Name	10b.	Address			10c. Tel. N	0.	10d. Cell No.	
					10e. Fax N	0.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and election	on in this matter, s	tate your posi	tion with respect to any	y such election:	11a. Electio	n Type:	
					_	Manua Manua	al Mail X Mixed Manual/Mail	
11b. Election Date(s):		Election Time(s):	•		1	n Location(s	•	
04/01/19		n- 9am / 6pn	n a 9pm	T			Juan and other locations	
12a. Full Name of Petitioner (include Union de Profesionales de Transporte de Valores	e la Segurida	ad Privada y	0	PO BOX 2914	6 San Juan	PR 0092	·	
12c. Full name of national or internat	ional labor organi	zation of which Pe	titioner is an a	affiliate or constituent (if none, so state)	:		
12d. Tel. No.	12e. Cell No.		12f. Fax N	lo.	12g. E-Mail			
10.0	787-677-63					@gmail.c	om	
13. Representative of the Petitione 13a. Name and Title:	r who will accep	t service of all pa	13b. Addre	ess (street and number	r, city, State and			
Iram Ramirez				X 29146 San Juar				
13c. Tel. No.	13d. Cell No. 787-677-63	366	13e. Fax N	ło.	13f. E-Mail	Address Dgmail.c	om	
declare that I have read the above			are true to th	ne best of my knowle		- MIIIIII		
Name (Print)		Signature			Title		Date	
Iram Ramirez			17		Executive	Director	7//5//1	
· ·							, , ,	

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 ef 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.	Date Filed					
12-RC-237810	March 15, 2019					

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nirb.gov/i], 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Manati, Guayama, Caguas, Ponce, San Juan, Mayaguez, Aguadilla, Triple Canopy-Constellis + Guavnado Arecibo Humacao and other location around PR 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Richard Eaton- Director, Labor Relations 12018 Sunrise Valley Drive, Suite 140 Reston, Virginia 20191 3c. Tel. No. 3d. Cell No 3e. Fax No. 3f. E-Mail Address richard.eaton@constellis.com 703 860 4184 424-298-0280 703-673-4219 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Services Multiple locations around PR. Security 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 158 All full and part time armed and unarmed Security Officers employee 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All Other personal, supervisor and other employees as defined under the act. 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address Bg. Affiliation, if any: 8h. Date of Recognition or Certification 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? 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): 11c. Election Time(s): 11d. Election Location(s): 6am- 9am / 6pm a 9pm Guaynado, San Juan and other locations 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): PO BOX 29146 San Juan PR 00929 Union de Profesionales de la Seguridad Privada y æ Transnorte de Valores 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. 12f. Fax No. 12g. E-Mail Address 787-677-6366 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 13b. Address (street and number, city, State and ZIP code): Iram Ramirez PO BOX 29146 San Juan PR 00929 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 787-677-6366 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) Signature Iram Ramirez **Executive Director**

WILLFUL FALSE STATEMENTS ON THIS PENTION 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 of hitigation. 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						
	Date Fi					
12-RC-238280	MAR	25,	2019			

				<u>_</u>	2-RC-2	30200		PIAK 2	45, 20	ТЭ
INSTRUCTIONS: Unless e-Filed to employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied i etition of: (1) the p	by both a sh etition; (2) S	nowing of interest (see 6 Statement of Position for	b below) aı т (Form N	nd a certifica: LRB-505); an	te of service s d (3) Descript	howing ser ion of Repr	vice on esentation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratory	tioner desires to b	e certified as repres	entative of the	ne employees. The Petitic	oner allege	s that the foll	owing circum	stances exi		
2a. Name of Employer: Stevicy cla	Siosysten	Lot	· #15	Establishment(s) involved y #17, Calle (woline, PR	anpe	che , J	, State, ZIP cod ulia N - A	10): Jatos	Ind,	
Sa. Employer Representative - Nat Saskic Lubi	me and Title:	3b. Ad	dress (if sam	ne as 2b - state same):			, ,			
3c. Tel. No. ファフ- フ52 - 13 ユユ	3d, Cell No.		3e. Fax No 8 (26) - 8	304-4007	3f. E-Mail المحدي	ic. Leb	mo ste			
4a. Type of Establishment (Factory,	mine, wholesaler,) c	etc.)	1 .	al Product of Service	· 1	5a. City an	d State where	unit is locate	ed:	
5b. Description of Unit Involved: Included: All Service	· Tecus	tians	emp	/ /	the	6a. Numbe	r of Employées	in Unit:		
Excluded: Fil aff	4 1	/	40.	by the	a . I		ubstantial numb			
Check One: 7a. Request for recon or about (Date)	ognition as Barga	ining Representativ		on (Date)			ented by the Pe declined recogn		Yes 🔲	No
	 			nd desires certification un	der the Act					
8a. Name of Recognized or Certific		ent (if none, so sta	te) 8b. Ad	dress:						
8c. Tel. No.	8d. Cell No.		8e. Fax No).	8f. E-Mail	Address				
8g. Affiliation, if any:	<u> </u>	8	h. Date of R	ecognition or Certification			rrent or Most (Month, Day, Y	ear)		
9. Is there now a strike or picketing a	t the Employer's e	establishment(s) inv	olved?	If so, approxima	tely how ma	iny employee:	are participati	ng?		_
(Name of Labor Organization)					has pickete	d the Employe	er since (Month	, Day, Year)	_
 Organizations or individuals othe individuals known to have a representation. 							es and other or	janizations :	and	
10a. Name	10b.	Address			10c. Tel. N	lo.	10d. Cell No.			
	-				10e. Fax N	lo.	10f. E-Mail Ad	dress		
11. Election Details: If the NLRB co	nducts and election	n in this matter, sta	te your positi	ion with respect to any su	ch election:	l —		Mixed M	lanual/Mail	
11b. Election Date(s):	11c. i	Election Time(s):			11d. Electi	on Location(s): 0		-	
April 10, 20 19		100	e m			revenc		<u></u>		
12a. Full Name of Petitioner (includ	Ing local name an	. /	oves	12b. Address (street and PO BOX 192	FO 1		(IP code): Συαπ, Ρ	e. 00	919- 2901	
12c. Full name of national or internat	onal labor organiz	ation of which Petit	ioner is an a	ffiliate or constituent (if no	ne, so state):	· ·			
12d. Tel. No.	12e. Cell No.		12f. Fax No		12g. E-Ma	il Address				
296 - 4924 13. Representative of the Petitione 13a. Name and Title:	32 7 - 433 r who will accept	service of all pap	ers for purp	- 8 0 7 4 oses of the representati ss (street and number, cit	on process	ing.	v:co@g	mai/·	con	_
Scolf F. Barbes	Camina	10/Rep		BOX 192901	500	Juan	., P.R.	009	'.	
13c. Tel. No. 3フォー 4330 .	13d. Cell No.		13e. Fax N		13f. E-Mail	Address	gmail/s	1 1	ogma	:/
I declare that I have read the above	petition and tha		re trué to th	Take 1	and belief.		$V \wedge T$		<u> </u>	\Box
Scot F. Brb is Car	m.ner	Signaffire	Bu		Pep.				ate 5/3/20	12
		, .,			,					

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DQ.	NOT WRITE IN THIS SPAC	E		4.51
Cese No. 12-RC-238295	Dete Filed MAR	25,	2019	

INSTRUCTIONS: Unless e-Filed	i using the Agenc	y's website, <u>y</u>	www.nlrb.gov, submit a	an original of this	Petition to a	n NLRB office in the Region
in which the employer concern	ed is located, Th	e petition mus	st be accompanied by l	both a showing d	of interest (se	e 6b below) and a certificate
of service showing service on t	the employer and	all other parts	ies named in the petition	on of: (1) the peti	tion; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Desc	ription of Repres	entation Case	Procedures (Form NL	RB 4812). The s	howing of in	terest should only be filed
with the NLRB and should not a	be served on the	emplover or a	nv other party.	•	_	•
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	er desires to be certifi	cd as represents	tive of the employees. The	Petitioner elleges ti	at the followin	g circumstances exist and
requests that the National Labor F 2a. Name of Employer	veragons board proc	2b.	Address(es) of Establishmen	t(s) involved (Street	and number of	State 7/P code)
DWH Business Services INC.			Box 9405 Kingshill, U		37.0 Harrise, 40	, 01010, 25 0000)
3a. Employer Representative - Name	and Title		3b. Address (If same as			
Yecenia Bermudez - Manager			Same			
3c. Tel. No.	3d, Cell No.		3e, Fax No. ,		3f. E-Mall Add	ress
340-778-1818	40-778-1818				yecenia.be	mudez@dwhgroup.com
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b. Principal p	roduct or service		5e. City	and State where unit is located:
Business Services INC.		Service and	Maintenance		St. Cro	ix, Kingshill, USVI
5b. Description of Unit Involved	•			•		6a. No, of Employees in Unit:
included: Grounds Men,	Maintenance	Grounds	Keener			12
		, G. Gariao	, roopo			6b. Do a substantial number (30% or more) of the employees in the
Excluded:	iffice Clark S	acratan/ S	Supervisors, Guar	de		unit wish to be represented by the
wanagement, C	mice Olerk, o	ecietaly, c	idpervisors, Guar	us		Petitioner? Yes 🗸 No 🗔
Check One: 7a. Request t	or recognition as Barg	aining Represen	tative was made on (Date) _	ar	d Employer dec	Ifned recognition on or about
<u> </u>	(Date)	(If no reply receiv	red, so state).			
			Representative and desires	certification under the	Act.	
8a. Name of Recognized or Certified					0. 0	10
United Industrial Workers Of The Sea		Union		Plaza, Christiansted	· ·	
8c. Tel No. 340-773-6055	8d Cell No.		8e, Fax No. 340-773-6559		8f. E-Mail Add uiwstx@seafa	
8g. Affillation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent
						y (Month, Day, Year)
9. Is there now a strike or picketing at t	he Employer's establis	hment(s) involve	d? If so, approx	imately how many er	nployees are pe	rticlpating?
(Name of labor organization)			cketed the Employer since (
10. Organizations or individuals other t known to have a representative interes					resentatives an	d other organizations and Individuals
None			R III KENT OF BOOKE. (II NONE,	, so state)		
10a. Name			a in item 30 godve. (ii itono,			
	10b. Ad		Burnell So accive. (Il none.	, so state)		10d, Cell No.
	10b. Ad		a in rest so above. (Il none,			
		dress		10c. Tel. No.		10d. Cell No.
11. Election Details; If the NLRB con any such election.	ducts an election in th	dress s matter, state yi		10c. Tel. No. 10e. Fax No. 11a. Election Type		10d. Cell No.
any such election. 11b. Election Date(s);	ducts an election in th	dress s matter, state you		10c. Tel. No. 10e. Fax No, 11a. Election Type 11d. Election Loca	tion(s):	10d, Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail
any such election. 11b. Election Date(s); 4/24/2019 12a. Full Name of Petitioner (Including)	ducte an election in the	dress s matter, state yo ection Time(s);		10c. Tel. No. 10e. Fax No, 11e. Election Type 11d. Election Loca RR2 Box 9405 Kin 12b. Address (stre	tion(s): gshill, USVI 00 et and number,	10d, Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail 850 dly, state, end ZIP code)
any such election. 11b. Election Date(s); 4/24/2019 12a. Full Name of Petitioner (Includia Virgin Islands Workers Union	ducte an election in the	dress s matter, state yo ection Time(s); earn umber)	our position with respect to	10c. Tel. No. 10e. Fax No, 11e. Election Type 11d. Election Loca RR2 Box 9405 Kin 12b. Address (sbe PO Box 3112 Chri	tion(s): gshill, USVI 00 et and number,	10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail 850 dly, state, end ZIP code)
any such election. 11b. Election Date(s): 4/24/2019 12a. Full Name of Petitioner (Includia Virgin Islands Workers Union 12c. Full name of national or internation None	ducte an election in the 11c. El Barn-10 glocal name and no fall labor organization	dress s matter, state yo ection Time(s); earn umber)	our position with respect to	10c. Tel. No. 10e. Fax No, 11e. Election Type 11d. Election Loca RR2 Box 9405 Kin 12b. Address (sbe PO Box 3112 Chri	tion(s): igshill, USVI 00 ot and number, stiansted, VI 00	10d, Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail 850 dly, state, end ZIP code)
any such election. 11b. Election Date(s): 4/24/2019 12c. Full Name of Petitioner (Includia Virgin Islands Workers Union 12c. Full name of national or internation None 12d. Tel No.	ducte an election in the state of the state	dress s matter, state yo ection Time(s); earn umber)	our position with respect to er is an affiliate or constituen 12f. Fax No.	10c. Tel. No. 10e. Fax No, 11e. Election Type 11d. Election Loca RR2 Box 9405 Kin 12b. Address (sbe PO Box 3112 Chri	tion(s): gshill, USVI 00 et and number, stiansted, VI 00 12g. E-Mail A	10d, Cell No. 10f. E-Mail Address Meil Mixed Manual/Mall 850 dly, state, end ZIP code) 822
any such election. 11b. Election Date(s): 4/24/2019 12a. Full Name of Petitioner (Includia Virgin Islands Workers Union 12c. Full name of national or internation None 12d. Tel No. 340-773-3131	ducts an election in the state of the state	s matter, state your colon Time(s): harn mber)	er is an affiliate or constituen 12f. Fex No. 340-773-1158	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca RR2 Box 9405 Kin 12b. Address (stre PO Box 3112 Chri t (if none, so state)	tion(s): gshill, USVI og et and number, stiansted, VI og 12g. E-Mail A viworkersunio	10d, Cell No. 10f. E-Mail Address Mail Mixed Manual/Mall 850 dly, state, and ZIP code)
any such election. 11b. Election Date(s): 4/24/2019 12c. Full Name of Petitioner (Includia Virgin Islands Workers Union 12c. Full name of national or internation None 12d. Tel No.	ducts an election in the same and no fall labor organization 12e. Celi No. 340-642-3398 who will accept servi	s matter, state your color Time(s): arm amber) of which Petitions ice of all papers	er is an affiliate or constituen 12f. Fex No. 340-773-1158 for purposes of the repres	10c. Tel. No. 10e. Fax No. 11e. Election Type 11d. Election Loca RR2 Box 9405 Kin 12b. Address (stre PO Box 3112 Chri t (if none, so state)	tion(s): gshill, USVI 00 et and number, stiansted, VI 00 12g. E-Mail A viworkersunio	10d, Cell No. 10f. E-Mail Address Meil Mixed Manual/Mall 850 dly, state, end ZIP code) 822
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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 RC PETITION

	DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed	
12-RC-238646	MAR 29,	2019

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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
with the NLRB and should not be served on the employer or any other party.									
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and									
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)									
Hertz Corp. 600 Terminal Drive, Suite 305, Ft. Lauderdale, FL 33315									
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)									
Robert McCauley, General Manager			Same						
3c. Tel. No. 954-712-5200	3d. Cell No.		3e. Fax No.		3f. E-Mail Address rmcauley@hertz.com				
	the leading stall	4h Deleginal pe	odust or position						
4a Type of Establishment (Factory, mine, v Car rental facility	vnoiesaier, etc.)	Renting cars	oduct or service to travelers			ind State where unit is located: lerdale, FL			
5b. Description of Unit Involved 6a. No. of Employees in Unit:									
Included: All persons employed as customer service representatives (CSR) at the Ft. Lauderdale Airport location.									
					1	6b. Do a substantial number (30% or more) of the employees in the			
All other employee	e					unit wish to be represented by the			
All other employee	ъ.		_		İ	Petitioner? Yes V No			
Check One: 7a. Request for re	cognition as Barg	aining Represent	ative was made on (Date) _	n/a and	Employer decli	ned recognition on or about			
(Date) (If no reply received, so state).									
			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 Addr	ess			
	<u></u>								
8g. Affiliation, if any						piration Date of Current or Most Recent			
International Brotherhood of Teamsters			n/a Contract, if			(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)									
None	1 40b Ad	10h Address		100 Tol No		10d. Cell No.			
10a. Name	100. Au	10b. Address		10c. Tel. No:		Tod. Cell No.			
n/a	1			10e. Fax No.		10f. E-Mail Address			
11/a			· ·						
 Election Details: If the NLRB conducts an election in this matter, state your position with respensive any such election. 			ur position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): 11c. Election Time(s):				11d. Election Location					
April 25, 2019 During regular work hours: 9a - 5p			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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address									
305-642-6255	786-473-8275		don769@bellsouth.net						
305-642-6255 786-473-8275 305-891-5896 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 Donald Marr		13b. Address (street and number, city, state, and ZIP code)							
13c. Tel No. 13d. Cell No.		12365 W. Dixie Highway, North Miami, FL 33161 13e. Fax No. 13f. E-Mail Ad			rece				
305-642-6255	786-473-8275		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.									
		Attomey		March 28, 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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