

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-248005

Date Filed

9-11-19

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:
Gopher Resources

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
6506 Jewel Avenue Tampa, Florida 33619

3a. Employer Representative - Name and Title:
Dennis Cruz H.R. Generalist

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

3c. Tel. No.
(813)744-5045

3d. Cell No.

3e. Fax No.

(813) 620-3505

3f. E-Mail Address

Dennis.Cruz@GopherResources.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Battery resource recovery facility (Smelter)

4b. Principal Product or Service
Smelter

5a. City and State where unit is located:
Tampa, Florida

5b. Description of Unit Involved:

Included:
See attachment 1

Excluded:
See attachment 1

6a. Number of Employees in Unit:
240

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)** 09/10/19 **and Employer declined recognition** on or about (Date) 09/10/19 (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? 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):
10/03/19

11c. Election Time(s):
5am-7am and 6pm-8pm

11d. Election Location(s):
Conference Room/ Board Room 1st Floor

12a. Full Name of Petitioner (including local name and number):
International Brotherhood of Electrical workers Local Union 108

12b. Address (street and number, city, State and ZIP code):
10108 highway 92 East Tampa, Florida 33610

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Electrical Workers, American Federation of Labor and Congress of Industrial Organizations

12d. Tel. No.
(813)621-2418

12e. Cell No.

12f. Fax No.
(813)621-1687

12g. E-Mail Address
dbowden@ibew108.org

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

13a. Name and Title:
Doug Bowden/ Business Manager/Financial Secretary

13b. Address (street and number, city, State and ZIP code):
10108 Highway 92 East Tampa, Florida 33610

13c. Tel. No.
(813)621-2418

13d. Cell No.
(813)482-3578

13e. Fax No.
(813)621-1687

13f. E-Mail Address
dbowden@ibew108.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)

Doug Bowden

Signature

Doug Bowden

Title

BUSINESS MANAGER

Date

9-10-19

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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Attachment 1

Include all Fulltime and part time employees in the following departments:

Baghouse
Crib Attendant
Furnace
General Plant
Hygiene
Maintenance
Mtr. Operator
Polusion C (control)
Refining
RMPC
Safety & Hygiene
Shipping
Sweeper
Warehouse
Water Treatment
WWT- Waste Water Treatment
Yard Dog

Exclude: All clerical, supervisors, management, guards and all others defined by the law.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-248271	Date Filed 16SEP19

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2a. Name of Employer Healthpromed Foundation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916	
3a. Employer Representative - Name and Title Lic. Ivonne I. Rivera - Executive Director		3b. Address (if same as 2b - state same) PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916	
3c. Tel. No. 787-268-4171	3d. Cell No.	3e. Fax No. 787-919-3956	3f. E-Mail Address riveralcda@healthpromed.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Facility		4b. Principal product or service Health Care services	5a. City and State where unit is located: San Juan, Puerto Rico
5b. Description of Unit Involved Included: All regular full time and part-time Technicians, including Pharmacy assistants and Radiology technicians employed by the Employer in its Santurce facility. Excluded: All other employees, medical technologists, clerical and administrative employees, managerial personnel, guards and supervisors as defined in the Act			6a. No. of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No []

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 16SEP19 and Employer declined recognition on or about 16SEP19 (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. N/A	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any N/A		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)

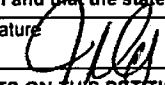
10a. Name N/A	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
11b. Election Date(s): 01OCT19	11c. Election Time(s): 9:00 - 11:00am and 2:00 - 4:00pm	11d. Election Location(s): Conference Room 3 rd floor at Santurce facility
12a. Full Name of Petitioner (including local name and number) Unidad Laboral de Enfermeras(os) y Empleados de la Salud		12b. Address (street and number, city, state, and ZIP code) 354 C/ Héctor Salamá, Urb. La Merced, San Juan PR 0916
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N/A		

12d. Tel. No. (787) 840-2323	12e. Cell No. (787) 364-8196	12f. Fax No. (787) 840-2323	12g. E-Mail Address jdiaz@unidadlaboral.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Harold Hopkins, Legal Counsel			
13b. Address (street and number, city, state, and ZIP code) 354 Calle Hector Salamá Urb. La Merced, San Juan PR 00918			
13c. Tel No. (787) 763-8310	13d. Cell No. (787) 526-4903	13e. Fax No. (787) 763-8380	13f. E-Mail Address snikpohh@yahoo.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) Justiniano Díaz	Signature 	Title Union representative/Organizer	Date 16SEP19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

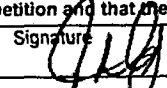
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-248275	Date Filed 16SEP19

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 Healthpromed Foundation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916	
3a. Employer Representative - Name and Title Lic. Ivonne I. Rivera - Executive Director		3b. Address (If same as 2b - state same) PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916	
3c. Tel. No. 787-268-4171	3d. Cell No.	3e. Fax No. 787-919-3956	3f. E-Mail Address riveralcda@healthpromed.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Facility		4b. Principal product or service Health Care services	
5b. Description of Unit Involved Included: All regular full time and part-time Physical plant employees employed by the Employer in its Santurce facility. Excluded: All other employees, medical technologists, clerical and administrative employees, managerial personnel, guards and supervisors as defined in the Act		5a. City and State where unit is located: San Juan, Puerto Rico	
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). N/A		8b. Address	
8c. Tel No. N/A	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any N/A		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)			
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: <u>X</u> Manual ___ Mail ___ Mixed Manual/Mail	
11b. Election Date(s): 01OCT19	11c. Election Time(s): 9:00 - 11:00am and 2:00 - 4:00pm	11d. Election Location(s): Conference Room 3 rd floor at Santurce facility	
12a. Full Name of Petitioner (including local name and number) Unidad Laboral de Enfermeras(os) y Empleados de la Salud		12b. Address (street and number, city, state, and ZIP code) 354 C/ Héctor Salamán, Urb. La Merced, San Juan PR 0916	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) N/A			
12d. Tel No. (787) 840-2323	12e. Cell No. (787) 364-8196	12f. Fax No. (787) 840-2323	12g. E-Mail Address jdiaz@unidadlaboral.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Harold Hopkins, Legal Counsel			
13c. Tel No (787) 763-8310	13d. Cell No. (787) 526-4903	13e. Fax No. (787) 763-8380	13f. E-Mail Address snikpohh@yahoo.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) Justiniano Díaz	Signature 	Title Union representative/Organizer	Date 16SEP19

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-248276

Date Filed

16SEP19

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.

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2a. Name of Employer
Healthpromed Foundation

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916

3a. Employer Representative - Name and Title
Lic. Ivonne I. Rivera - Executive Director

3b. Address (If same as 2b - state same)
PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916

3c. Tel. No.
787-268-4171

3d. Cell No.

3e. Fax No.
787-919-3956

3f. E-Mail Address
rivalcda@healthpromed.org

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

4b. Principal product or service
Health Care services

5a. City and State where unit is located:
San Juan, Puerto Rico

5b. Description of Unit Involved

Included: All regular full time and part-time Clerks employed by the Employer in its Santurce facility, including Medical records clerks.

Excluded: All other employees, medical technologists, clerical and administrative employees, managerial personnel, guards and supervisors as defined in the Act

6a. No. of Employees in Unit:

3

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No []

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 16SEP19 and Employer declined recognition on or about 16SEP19 (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.
N/A

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any
N/A

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
N/A

10b. Address

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

11a. Election Type: XX Manual Mail Mixed Manual/Mail

11b. Election Date(s):
01OCT19

11c. Election Time(s):
9:00 - 11:00am and 2:00- 4:00pm

11d. Election Location(s):
Conference Room 3rd floor at Santurce facility

12a. Full Name of Petitioner (including local name and number)
Unidad Laboral de Enfermeras(os) y Empleados de la Salud

12b. Address (street and number, city, state, and ZIP code)
354 C/ Héctor Salamán, Urb. La Merced, San Juan PR 0916

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

12d. Tel No.
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12e. Cell No.
(787) 364-8196

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(787) 840-2323

12g. E-Mail Address
jdiaz@unidadlaboral.com

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Harold Hopkins, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)
354 Calle Héctor Salamán Urb. La Merced, San Juan PR 00918

13c. Tel No.
(787) 763-8310

13d. Cell No.
(787) 526-4903

13e. Fax No.
(787) 763-8380

13f. E-Mail Address
snikpohh@yahoo.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)
Justiniano Díaz

Signature

Title
Union representative/organizer

Date
16SEP19

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-248267Date Filed
16SEP19

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.

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3c. Tel. No. 787-268-4171	3d. Cell No.	3e. Fax No. 787-919-3956	3f. E-Mail Address riveralcda@healthpromed.org
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5b. Description of Unit Involved Included: All regular full time and regular part-time Medical technologists employed by the Employer in its Santurce facility. Excluded: All other employees, clerical and administrative employees, managerial personnel, guards and supervisors as defined in the Act.			6a. No. of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No []

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 16SEP19 and Employer declined recognition on or about 16SEP19 (Date) (If no reply received, so state).
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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): 01OCT19	11c. Election Time(s): 9:00 - 11:00 am and 2:00 - 4:00pm	11d. Election Location(s): Conference Room 3 rd floor at Santurce facility	

12a. Full Name of Petitioner (including local name and number) Unidad Laboral de Enfermeras(os) y Empleados de la Salud	12b. Address (street and number, city, state, and ZIP code) 354 C/ Héctor Salamá, Urb. La Merced, San Juan PR 0916
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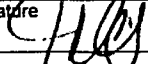
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
N/A

12d. Tel No. (787) 840-2323	12e. Cell No. (787) 364-8196	12f. Fax No. (787) 840-2323	12g. E-Mail Address jdiaz@unidadlaboral.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Harold Hopkins, Legal Counsel		13b. Address (street and number, city, state, and ZIP code) 354 Calle Hector Salamá, Urb. La Merced, San Juan PR 00918	
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13c. Tel No. (787) 763-8310	13d. Cell No. (787) 526-4903	13e. Fax No. (787) 763-8380	13f. E-Mail Address snikpohh@yahoo.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) Justiniano Díaz	Signature 	Title Union representative/organizer	Date 16SEP19
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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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

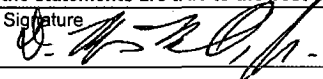
12-RC-248937

Date Filed

9/26/19

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: Terminix Miami		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 12015 S.W. 144th Street, Miami, FL 33186	
3a. Employer Representative - Name and Title: Anthony White, Branch Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 786-408-8755	3d. Cell No.	3e. Fax No.	3f. E-Mail Address awhite4@terminix.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pest & Termite Control company		4b. Principal Product or Service Pest Control Services	
5a. City and State where unit is located: Miami		5b. Description of Unit Involved: Included: All Technicians: including Pest Control, Lawn, and Termite Control techs. Excluded: All other employees.	
6a. Number of Employees in Unit: 15 (approximately)		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)		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? <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 n/a		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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): October 24 or 25		11c. Election Time(s): shortly before shifts begin	
11d. Election Location(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. 305-510-8813	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., 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 09/25/19	

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