

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

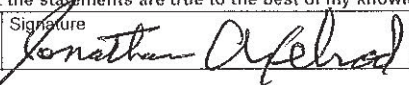
5-RC-255737

Date Filed

2/4/20

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: VIA Transportation, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1179 Lance Road Norfolk, VA 23502	
3a. Employer Representative - Name and Title: Alex Lavoie		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 860-836-1738	3d. Cell No.	3e. Fax No.	3f. E-Mail Address alex@ridewithvia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) transportation		4b. Principal Product or Service paratransit services	
5a. City and State where unit is located: Hampton Roads, Virginia		5b. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer Excluded: all other employees, guards and supervisors as defined in the Act.	
6a. Number of Employees in Unit: 135		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) 1/29/2020 and Employer declined recognition on or about (Date) 1/29/2020 (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 type="checkbox"/> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: _____ 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 28, 2020		11c. Election Time(s):	
11d. Election Location(s): break room			
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 822		12b. Address (street and number, city, State and ZIP code): 5718 Barte Street Norfolk, VA 23502	
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. 757-461-7172	12e. Cell No. 757-821-1121	12f. Fax No. 757-459-2570	12g. E-Mail Address teamsters822@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jonathan Axelrod		13b. Address (street and number, city, State and ZIP code): 1717 K Street N.W. Suite 1120 Washington, D.C. 20006	
13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.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) Jonathan Axelrod		Signature 	Title attorney
		Date 2/3/2020	

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. 5-RC-255773

Date Filed 2/5/20

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:
American Security Programs

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1881 Campus Commons Drive, Suite 105, Reston, VA 20191

3a. Employer Representative - Name and Title:
Rick Pohland, President

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

3c. Tel. No.
703.834.8900

3d. Cell No.

3e. Fax No.
703.834.8947

3f. E-Mail Address
rpohland@securamerallc.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:
Washington, DC

5b. Description of Unit Involved:

Included:

All regular F/T & P/T Sgts., Lts., and Cpts., providing supervisory duties as defined in Section 9(b)(3) of the Act.

Excluded:

All Security Officers, office clerical employees, and managerial employees, as defined by the Act.

6a. Number of Employees in Unit:

30

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)
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? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual election at a American Security Programs site.

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
March 16, 2020

11c. Election Time(s):
10:00AM - 12:00PM and 4:00PM - 6:00PM

11d. Election Location(s):
FEMA

12a. Full Name of Petitioner (including local name and number):
National Association of Special Police and Security Officers

12b. Address (street and number, city, State and ZIP code):
10 G Street, NE, Suite 600, Washington, DC 20002

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
National Association of Special Police and Security Officers

12d. Tel. No.

12e. Cell No.
202.487.3438

12f. Fax No.
202.758.3262

12g. E-Mail Address
Frasergabyl@aol.com

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

13a. Name and Title:
Gaby L. Fraser

13b. Address (street and number, city, State and ZIP code):
10 G Street, NE, Suite 600, Washington, DC 20002

13c. Tel. No.

13d. Cell No.
202.487.3438

13e. Fax No.
202.758.3262

13f. E-Mail Address
Frasergabyl@aol.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)
Gaby L. Fraser

Signature

Title
Director, Labor Relations

Date
2-4-2020

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

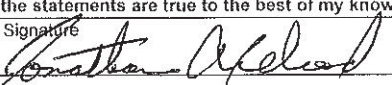
DO NOT WRITE IN THIS SPACE

Case No. 5-RC-256098

Date Filed
2/11/20

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: VIA Transportation, Inc. [see next page for joint employer]		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1179 Lance Road Norfolk, VA 23502	
3a. Employer Representative - Name and Title: Alex Lavoie		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 860-836-1738	3d. Cell No.	3e. Fax No.	3f. E-Mail Address alex@ridewithvia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) transportation		4b. Principal Product or Service paratransit services	5a. City and State where unit is located: Hampton Roads, Virginia
5b. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer Excluded: all other employees, guards and supervisors as defined in the Act.			6a. Number of Employees in Unit: 135
			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) 1/29/2020 and Employer declined recognition on or about (Date) 1/29/2020 (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 type="checkbox"/> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): March 20, 2020		11c. Election Time(s):	11d. Election Location(s): break room
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 822		12b. Address (street and number, city, State and ZIP code): 5718 Barte Street Norfolk, VA 23502	
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. 757-461-7172	12e. Cell No. 757-821-1121	12f. Fax No. 757-459-2570	12g. E-Mail Address teamsters822@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jonathan Axelrod		13b. Address (street and number, city, State and ZIP code): 1717 K Street N.W. Suite 1120 Washington, D.C. 20006	
13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.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) Jonathan Axelrod		Signature 	Title attorney
		Date 2/11/2020	

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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SECOND PAGE OF PETITION

2a. Name of Joint Employer
HA Transportation Services, LLC

2b. Address of Joint Employer
135 W. 29th Street Suite 500
New York, NY 10001

3a. Employer Representative
Chris Forbes, CEO

3.b Address
same

3c Telephone Number
888-458-7530

3d. Cell Number

3e. Fax number

3f. Email Address

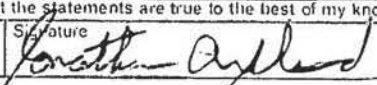
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
FIRST AMENDED
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
05-RC-256098Date Filed
2/24/20

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: River North Transit LLC [see next page or joint employer]		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code) 509 E. 18th Street, Norfolk, VA 23504	
3a. Employer Representative - Name and Title: Alex Lavoie		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 860-836-1738	3d. Cell No.	3e. Fax No.	3f. E-Mail Address alex@ridewithvia.com
4a. Type of Establishment: (Factory, mine, wholesaler, etc.) Transportation		4b. Principal Product or Service Paratransit Services	
5a. City and State where unit is located Hampton Roads, Virginia		5b. Number of Employees in Unit: 135	
5c. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer Excluded: all other employees, guards and supervisors as defined in the Act		6a. 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) 01/29/20 and Employer declined recognition <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"/> No, if so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (if none, so state) none			
10a. Name		10b. Address	
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11b. Election Date(s): March 20, 2020		11c. Election Time(s): break room	
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
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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: Jonathan Axelrod		13b. Address (street and number, city, State and ZIP code): 1717 K Street N.W. Suite 1120 Washington, D.C. 20006	
13c. Tel. No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.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) Jonathan Axelrod		Signature 	
Title attorney		Date 2/24/20	

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SECOND PAGE OF PETITION

2a. Name of Joint Employer
HA Transportation Services, LLC

2b. Address of Joint Employer
135 W. 29th Street Suite 500
New York, NY 10001

3a. Employer Representative
Chris Forbes, CEO

3.b Address
same

3c Telephone Number
888-458-7530

3d. Cell Number

3e. Fax number

3f. Email Address

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-256327

Date Filed

2/13/20

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:
American Security Programs DBA Securamerica LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1818 H Street NW Washington DC

3a. Employer Representative - Name and Title:
Mark Phinney VP

3b. Address (if same as 2b - state same):
1881 Campus Connections Dr 105 Reston Va. 20191

3c. Tel. No.
703 834-8900

3d. Cell No.
703 898-1723

3e. Fax No.
703 834-8947

3f. E-Mail Address
mphinney@securamericallc.com

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

4b. Principal Product or Service
Security Services

5a. City and State where unit is located:
Washington DC

5b. Description of Unit Involved:
Included:

All regular part time and full time security personnel engaged by the Employer to provide Security in all f

Excluded:

All clerical, confidential, managerial and Supervisory personnel as defined in the NLRA

6a. Number of Employees in Unit:
130

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)
Service Employees International Local 32BJ

8b. Address:
1025 Vermont AVE Washington DC 20005

8c. Tel. No.
202 387-3211

8d. Cell No.
212 388-3381

8e. Fax No.
202 939-0574

8f. E-Mail Address
EAsad@seiu32bj.org

8g. Affiliation, if any:
SEIU

8h. Date of Recognition or Certification
unk

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)
NONE

10a. Name
None

10b. Address
None

10c. Tel. No.
n/a

10d. Cell No.
n/a

10e. Fax No.
n/a

10f. E-Mail Address
n/a

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:
Mail Ballot, five separate secure locations makes campaigning impossible

11a. Election Type:
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Mail

11c. Election Time(s):
Mail

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
National Leagues of Justice and Security Professionals

12b. Address (street and number, city, State and ZIP code):
305 Mt Zion Rd Dillsburg Pa 17019

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
National League of Justice and Security Professionals (NLJSP)

12d. Tel. No.

12e. Cell No.
503 544-3257

12f. Fax No.

12g. E-Mail Address
President@nljsp.us

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

13a. Name and Title:
Ronald A. Mikell

13b. Address (street and number, city, State and ZIP code):
305 Mt Zion Rd Dillsburg Pa 17019

13c. Tel. No.

13d. Cell No.
503 5444-3257

13e. Fax No.

13f. E-Mail Address
President@nljsp.us

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)
Ronald A. Mikell

Signature

Title

President

Date

02/13/2020

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.

5-RC-256369

Date Filed

2/14/20

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 Sunbelt Rentals		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4417 Valley St, Enola, PA 17925-1444	
3a. Employer Representative - Name and Title Michael Wichrowski - manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 717-216-2900	3d. Cell No.	3e. Fax No. 717-216-2901	3f. E-Mail Address pcm189@sunbeltrentals.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Equipment Rental Shop		4b. Principal product or service Equipment Rental	
5b. Description of Unit Involved Included: mechanics, lead mechanics, road mechanics, drivers, yard persons Excluded: All other employees		5a. City and State where unit is located: Enola, PA	
		6a. No. of Employees in Unit:	
		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). 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)
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.

11b. Election Date(s): March 2, 2020	11c. Election Time(s): 6:00 am to 9:00am	11d. Election Location(s): Employer's Facility
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12a. Full Name of Petitioner (including local name and number)
Brett Toomey International Union of Operating Engineers, Local 542

12b. Address (street and number, city, state, and ZIP code)
1375 Virginia Drive Ste 100, Ft. Washington PA 19034

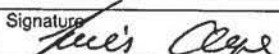
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers Local 542; AFL-CIO

12d. Tel No. 215-542-7500	12e. Cell No. 215-206-9054	12f. Fax No. 215-591-0978	12g. E-Mail Address brett.toomey@iuoe542.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 Louis Agre		13b. Address (street and number, city, state, and ZIP code) 1375 Virginia Drive Ste 100 Ft. Washington, PA 19034	
13c. Tel No. 215-542-7500	13d. Cell No. 215-852-6548	13e. Fax No. 215-591-0978	13f. E-Mail Address lou.agre@iuoe542.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) Louis Agre	Signature 	Title Counsel	Date 2/13/2020
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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.

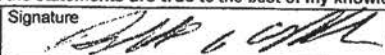
5-RC-256696

Date Filed

2/21/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, ☐ 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: American Security Programs		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1818 H Street NW Washington DC and all World Bank sites in Washington DC	
3a. Employer Representative - Name and Title: Mark Phinney VP		3b. Address (if same as 2b - state same): 1881 Campus Connections Dr STE 105 Reston Va 20191	
3c. Tel. No. (703) 834-8900	3d. Cell No. (703) 898-1723	3e. Fax No. (703) 834-89473	3f. E-Mail Address mphinney@securamericalc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Govt Office facility		4b. Principal Product or Service Security Services	5a. City and State where unit is located: Washington DC
5b. Description of Unit Involved: Included: All regular part-time and full time security employees at the World Ban in Washington DCK Excluded: All confidential, clerical,, managerial and Supervisors as defined in the National Labor Relations Act			6a. Number of Employees in Unit: 170 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) Service Employees International Local 32BJ		8b. Address: 1025 Vermont Ave Washington DC 20005	
8c. Tel. No. (202) 387-3211	8d. Cell No. (212) 388-3381	8e. Fax No. (202) 939-0574	8f. E-Mail Address EAsad@seiu32bj.org
8g. Affiliation, if any: SEIU		8h. Date of Recognition or Certification Unknown	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) UNK
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____ No <input type="checkbox"/>			
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 SPFPA	10b. Address 25510 Kelly Rd. Roseville MI. 48066-4932	10c. Tel. No. (586)772-7250	10d. Cell No. (586) 872-5634
		10e. Fax No. (586)772-9644	10f. E-Mail Address Dwayne@spfpa.org
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mail <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Mail	11c. Election Time(s): Mail	11d. Election Location(s): Mail	
12a. Full Name of Petitioner (including local name and number): National League of Justice and Security Professionals		12b. Address (street and number, city, State and ZIP code): 305 Mt Zion Rd. Dillsburg Pa 17019	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National League of Justice and Security Professionals			
12d. Tel. No.	12e. Cell No. (503) 544-3257	12f. Fax No.	12g. E-Mail Address President@nljps.us
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Ronald A. Mikell		13b. Address (street and number, city, State and ZIP code): 305 Mt Zion Rd Dillsburg Pa. 17019	
13c. Tel. No.	13d. Cell No. (503) 544-3257	13e. Fax No.	13f. E-Mail Address President@nljps.us
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) Ronald A. Mikell	Signature 	Title President	Date 02/21/2020

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

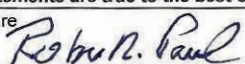
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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. 5-RC-256975	Date Filed 2/26/20

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: Indivisible Project		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1730 Rhode Island Avenue NW, Suite 912, Washington, DC 20036	
3a. Employer Representative - Name and Title: Leah Greenberg - Co-Executive Director Ezra Levin - Co-Executive Director		3b. Address (if same as 2b - state same): (same)	
3c. Tel. No. 301-778-8533	3d. Cell No. 301-938-9761 Leah	3e. Fax No.	3f. E-Mail Address leah@indivisible.org ezra@indivisible.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) non-profit		4b. Principal Product or Service advocacy	5a. City and State where unit is located: Washington, DC and nationwide
5b. Description of Unit Involved: Included: [see attached] Excluded: [see attached]		6a. Number of Employees in Unit 58 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) 2/26/20 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:		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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 18, 2020	11c. Election Time(s): 11am-1pm	11d. Election Location(s): nationwide and DC office	
12a. Full Name of Petitioner (including local name and number): Washington-Baltimore Newspaper Guild, 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 - affiliated with Communications Workers of America, AFL-CIO, CLC			
12d. Tel. No. 202-785-3650 x 15	12e. Cell No. 703-627-4547	12f. Fax No. 202-785-3659	12g. E-Mail Address bjett@wbng.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert E. Paul, Attorney		13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036	
13c. Tel. No. 202-857-5000	13d. Cell No.	13e. Fax No. 202-327-5499	13f. E-Mail Address rpaul@robertepaul.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) Robert E. Paul	Signature 	Title Attorney	Date 2/26/20

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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INDIVISIBLE.ORG RC PETITION

Description of Unit Involved:

Included: All full- and part-time employees, including Associate Directors, Senior Managers, Managers, Senior Associates, Associates, Organizers, Press Manager, National Press Secretary, and Executive Assistants

Excluded: All human resources staff, legal staff, staff at the Director level or above, supervisors, managers, confidential employees and guards as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

05-RD-255841

Date Filed

2/6/20

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer American Security Programs, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1881 Campus Commons Drive, Suite 10	
3a. Employer Representative - Name and Title Mark Phinnéy, Operations Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 703-834-8900	3d. Fax No. 703-898-1723	3e. Cell No.	3f. E-Mail Address mphinney@securamericalc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security		4b. Principal product or service Security	

5a. Description of Unit Involved Included: All full-time and regular part-time special police and security officers performing duties at 1818 H St, NW Excluded: All office clerical employees, professional employees, and supervisors as defined in the NLRA		5b. City and State where unit is located: Washington, DC
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6. No. of Employees in Unit 130	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	--

8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union, Local 32BJ		8b. Affiliation, if any	
8c. Address 1025 Vermont Ave, NW, 7th Floor Washington, DC 20005		8d. Tel. No. 202-387-3211	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification Unknown	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 15, 2020
--	---

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) February 19, 2020	13c. Election Time(s) 7:00 a.m. and 3:00 p.m.	13d. Election Location(s) 1818 H Street, NW, Washington, DC 20433
---	--	--	--

14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 2-4-2020
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NE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RD-256501

Date Filed

2/19/20

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

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer MIDWEST ATC SERVICES, INC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7300 W 129TH ST KS OVERLAND PARK 66213-	
3a. Employer Representative - Name and Title DEANNA DRESEL EXECUTIVE VICE PRESIDENT		3b. Address (If same as 2b - state same) 7300 W 129TH ST. KS OVERLAND PARK 66213-	
3c. Tel. No. (913) 787-2339	3d. Cell No.	3e. Fax No. (913) 897-9300	3f. E-Mail Address DEANNA.DRESEL@ATT.NET
4a. Type of Establishment (Factory, mine, wholesaler, etc) Services		4b. Principal product or service AIR TRAFFIC CONTROL	
		5a. City and State where unit is located: Hagerstown, MD	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 3
		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☒ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent PROFESSIONAL AIR TRAFFIC CONTROLLERS ORGANIZATION (PATCO), FPD, NUHCE		8b. Address 1310 CROSS CREEK CIRCLE SUITE C2 FL TALLAHASSEE 32301-	
8c. Tel No. (770) 356-7684	8d Cell No. (b) (6), (b) (7)(C)	8e. Fax No. (850) 942-6722	8f. E-Mail Address (b) (6), (b) (7)(C)
8g. Affiliation, if any PATCO/AFSCME		8h. Date of Recognition or Certification 02/17/2015	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 02/17/2018	

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

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

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): 02/21/2020	11c. Election Time(s): 2:45 PM	11d. Election Location(s): HAGERSTOWN REGIONAL AIRPORT	

12a. Full Name of Petitioner: (b) (6), (b) (7)(C) Hagerstown Regional Airport (b) (6), (b) (7)(C)		12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Professional Air Traffic Controllers Organization (PATCO), FPD, NUHCE, AFSCME, AFL-CIO		

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 02/18/2020 11:55:09
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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

Employees Included

3

Employees Excluded

0

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

5-RD-256888

Date Filed

2/25/20

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Mountaire Farms Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 55 Hosier Street, Selbyville, Delaware 19975	
3a. Employer Representative - Name and Title Kevin Braunskill HR Manager		3b. Address (If same as 2b - state name) 55 Hosier Street, Selbyville, Delaware 19975	
3c. Tel. No. 302-988-6320	3d. Fax No.	3e. Cell No. 302-381-0962	3f. E-Mail Address kbraunskill@mountaire.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Poultry plant			4b. Principal product or service chicken

5a. Description of Unit Involved Included: 1st Processing, 2nd Processing and Tray Pack. Excluded: Transportation, Live Haul Drivers, Shipping, Coolers, Maintenance, HR, Box room, QA, Paws, Giblets.	5b. City and State where unit is located: Selbyville, Delaware
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6. No. of Employees in Unit 800	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent UFCW Local 27	8b. Affiliation, if any
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8c. Address 21 West Road, 2nd Floor Towson, MD 21204	8d. Tel. No. 800-882-0118	8e. Cell No. (b) (6), (b) (7)(C)
	8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/21/2023
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title
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15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 02/20/20
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