UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No. 5-RC-255737

DO NOT WRITE IN THIS SPACE

^{Date}/4/20

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, Www.nlrb.gov/ , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): VIA Transportation, Inc. 1179 Lance Road Norfolk, VA 23502 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Alex Lavoie 3c. Tel. No. 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 860-836-1738 alex@ridewithvia.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Hampton Roads, Virginia transportation paratransit services 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 135 All full-time and regular part-time drivers employed by the Employer all other employees, guards and supervisors as defined in the Act. Check One: x 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). 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; none 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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 10h 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: Mixed Manual/Mail 11b, Election Date(s): 11d, Election Location(s): 11c. Election Time(s): February 28, 2020 break room 12a, Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 5718 Bartee Street Teamsters Local Union No. 822 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 12f. Fax No. 12d. Tel. No. 12e, Cell No. 12g. E-Mail Address 757-459-2570 757-461-7172 757-821-1121 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: 13b. Address (street and number, city, State and ZIP code): Jonathan Axelrod 1717 K Street N.W. Suite 1120 Washington, D.C. 20006 13d, Cell No. 13e. Fax No 13f. E-Mail Address 13c, Tel. No. 202-328-7030 jaxelrod@beinsaxelrod.com 202-365-1610 202-328-7222 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) 2/3/2020 Jonathan Axelrod attorney

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No. 5-RC-255773

Date Filed 2/5/20

RC PETITION							5-K	C-255/	/3	2	5/20	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition must named in the pe	be accomp tition of: (1	panied b	y both a sh tition; (2) S	nowing of interest (s statement of Positio	see 6b be on form (f	low) and Form NLF	l a certificat RB-505); and	e of service s d (3) Descript	howing se ion of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	e certified as	s represe	entative of the	he employees. The P	etitioner	alleges	that the follo	owing circum	stances e		
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 - Nan Rick Pohland, President	ne and Title:		5 TO 9 S S S S	3b. Address (if same as 2b - state same): SAME								
3c. Tel. No. 703.834.8900	3d. Cell No.			3e. Fax No 703.834		1 153	E-Mail A ohland(ericallc.com		Account of the second	
4a. Type of Establishment (Factory, i Security	mine, wholesaler,	etc.)			Services	е		5a. City and Washing	d State where ton, DC	unit is loca	ated:	
5b. Description of Unit Involved: Included: All regular F/T & P/T Sgts., Lts	and Cants	nrovidina	sunerv	isory dutie	es as defined in S	Section9	(b)(3) o	6a. Numbe	r of Employee	s in Unit:		
Excluded: All Security Officers, office cle	rical employee	s, and ma	anageria	al employ	ees, as defined b		ct.	of the e represe	ibstantial num mployees in th nted by the Pe	ne unit wis etitioner? [to be	
Check One: 7a. Request for reconnor about (Date) 7b. Petitioner is cur		(If n	o reply re	eceived, so	state).	ion under		d Employer o	leclined recog	nition		
8a. Name of Recognized or Certific NONE	d Bargaining Ag	ent (If none	e, so stat	e) 8b. Ad	ddress:					- 1000000		
8c. Tel. No.	8d. Cell No.			8e. Fax No	0.	8f.	8f. E-Mail Address					
8g. Affiliation, if any:			81	n. Date of R	ecognition or Certific				rrent or Most Month, Day, \	(ear)		
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's e	stablishme	nt(s) invo	olved? No	If so, appro	· · · · · · · · · · · · · · · · · · ·			s are participater since (Mont		ar)	
Organizations or individuals other individuals known to have a represion NONE	r than Petitioner a esentative interest	nd those na in any emp	amed in i	tems 8 and the unit de	9, which have claime escribed in item 5b ab	ed recogn	ition as re	epresentative		agricon standard		
10a. Name	10b.	Address	A AVAIL				10c. Tel. No.		10d. Cell No.			
				10e. F			e. Fax No	. Fax No. 10f. E-Mail Address				
11. Election Details: If the NLRB co Manual election at a American				te your posi	tion with respect to a	any such e	election:	11a. Election		Mixed	Manual/Mail	
11b. Election Date(s): March 16, 2020	11c.	Election Tin	ne(s):	and 4:0	0PM - 6:00PM	1.0	d. Electic	Election Location(s):				
12a. Full Name of Petitioner (include National Association of Spec				rs	12b. Address (street 10 G Street, N					002		
12c. Full name of national or internat National Association of Specia				ioner is an	affiliate or constituent	t (if none,	so state)					
12d. Tel. No. 12e. Cell No. 202.487.3438				12f. Fax N 202.758		1000	g. E-Mail raserga	Address byl@aol.co	om			
13. Representative of the Petitione 13a. Name and Title: Gaby L. Fraser	r who will accep	t service o	f all pap	13b. Addr	poses of the represess (street and number treet, NE, Suite	ber, city, S	State and	ZIP code):	20002			
13c. Tel. No.	13d. Cell No. 202.487.3438	3 1		13e. Fax I		19 22	sf. E-Mail raserga	Address byl@aol.co	om		9 - c- c	
I declare that I have read the above	e petition and the			re trye to t	he best of my know		d belief.					
Name (Print) Signature Gaby L. Fraser					Title Direc	tor, Lab	or Relation	ns		2-4-2020		

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

Case No. 5-RC-256098 Date Filed 2/11/20

DO NOT WRITE IN THIS SPACE

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. T the employer and all other parties Case Procedures (Form NLRB 48	named in the petition of: (1) the pet	tition; (2) S	tatement of Position fo	rm (Form NLI	RB-505); an-	d (3) Description of Rej	presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desires to be certified a	is represe	ntative of th	e employees. The Petiti	oner alleges	that the foll	owing circumstances e	
2a. Name of Employer: VIA Transportation, Inc.		1	ress(es) of I Lance R	stablishment(s) involved oad	i (Street and r	umber, City	State, ZIP code):	
[see next page for joint en	nployer]	Norfo	lk, VA	23502				
3a. Employer Representative - Nar Alex Lavoie	ne and Title:	3b. Addi same	ress (if sam	e as 2b - state same):				
3c, Tel. No. 3d, Cell No. 860-836-1738				3e. Fax No. 3f. E-Malex (a.com	
4a. Type of Establishment (Factory, transportation	mine, wholesaler, etc.)			al Product or Service ISIT SERVICES	·		d State where unit is location Roads, Virgi	
5b. Description of Unit Involved: Included: All full-time and regular p	part-time drivers emp	ployed	by the E	Employer	11.	135	r of Employees in Unit:	
Excluded: all other employees, guard	ds and supervisors as	s define	ed in the	Act.		of the e	ubstantial number (30% of the unit wis ented by the Petitioner? [h to be
Check One: 7a. Request for reconnected on or about (Date) 7b. Petitioner is cur		no reply re	ceived, so s	state).		l Employer o	leclined recognition	
8a. Name of Recognized or Certific	od Bargaining Agent (If non	e, so state	e) 8b. Ad	dress:	and the second s			
8c. Tel. No.	8d, Cell No.	9	8e. Fax No	•	8f. E-Mail A	ddress		
8g. Affiliation, if any:		8h	. Date of Re	ecognition or Certification	8i, Expiration Recent Con		orrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employer's establishme	ent(s) invo	lved? no			•	s are participating?	
(Name of Labor Organization) 10. Organizations or individuals othe	r than Dotitioner and there a	omad in it	ome 8 and (er since (Month, Day, Ye	
individuals known to have a repre							s and other organization	is alla
10a. Name	10b. Address				10c. Tel. No	ο,	10d. Cell No.	
					10e, Fax No	Э.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and election in this m	atter, state	e your positi	on with respect to any s	uch election:	11a. Election		l Manual/Mail
11b. Election Date(s): March 20, 2020	11c. Election Ti	me(s);			11d. Electic break ro	on Location(s):	
12a. Full Name of Petitioner (includ Teamsters Local Union N				12b. Address (street am 5718 Bartee Stre Norfolk, VA 23	et	, State and 2	ZIP code):	
12c. Full name of national or internat International Brotherhood		hich Petitio	oner is an a	ffiliaté or constituent (if n	one, so state)			
12d. Tel. No. 12e. Cell No. 757-461-7172 757-821-1121)-2570	12g E-Mail teamster		mail.com	
13. Representative of the Petitione 13a. Name and Title: Jonathan Axelrod	r who will accept service o	of all pape	13b. Addre 1717 K.	oses of the representa ss (street and number, of Street N.W. Suite ston, D.C. 20006	ity, State and			
13c, Tel. No. 202-328-7222	13d. Cell No. 202-365-1610		13e. Fax N 202-328	3-7030	1		xelrod.com	
I declare that I have read the above Name (Print)	e petition and that the state Signatur		e true to th		e and belief. tle			Date
Jonathan Axelrod	100	allen	-14	# 11 11 1	ttorney			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

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, 2005). 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.

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

Case No. 05-RC-256098

DO NOT WRITE IN THIS SPACE

Date Filed

A A 4 AO

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

employer concerned is located the employer and all other part	l. The petition must ties named in the p	be accompanied etition of: (1) the	d by both a s	howing of interest (s Statement of Position	ee 6b below) and	a certifica	office in the Region in which the after of service showing service on and (3) Description of Representation the employer or any other party.		
PURPOSE OF THIS PETITION bargaining by Petitioner and P requests that the National La	N: RC-CERTIFICAT	ION OF REPRES	ENTATIVE -	A substantial number the employees. The f	of employees wish Petitioner alleges	to be rep	resented for purposes of collective		
2a. Name of Employer: River North Transit L.L.				f Establishment(s) inv	and the second s				
(see next page or joint e	employer]	509	E. 18th	Street, Norfolk,	VA 23504				
3a. Employer Representative - N	Name and Title:	3b. /	Address (if sai	me as 2b - state same	9):				
Alex Lavoie		Sar	ne						
3c. Tel. No. 860-836-1738	3d. Cell No.	3e. Fax N	lo.	alex@ri	The second secon	via.com			
4a. Type of Establishment (Factor Transportation	y, mine, wholesaler,	etc.)	H (4000000000000000000000000000000000000	pal Product or Services		5a. City a	and State where unit is located of ton Roads, Virginia		
5b. Description of Unit Involved	1		1				ber of Employees in Unit		
All full-time and regula	r part-time dri	vers employe	ed by the	Employer		135			
Excluded: all other employees, gua						6b Do a of the	substantial number (30% or more)		
Check One: 12 7a. Request for					/29/20an		semployees in the unit wist to be sented by the Petitioner? Yes No		
on or about (Dat	e) 01/29/20	(If no repl	y received, so	state). and desires certificati			10 TO THE RESERVE TO		
8a. Name of Recognized or Cert NONE	ified Bargaining Ac	gent (If none, so s	state) 8b. A	ddress:	on under the Act.		1-44		
8c. Tel No	8d Cell No.		8e Fax N	lo.	8f E-Mai' A	ddress	Margarette and the page of		
8g. Affiliation, if any			8h, Date of F	Recognition or Certific			Current or Most y (Month, Day Year)		
9. Is there now a strike or picketing	a: the Employer's e	stablishment(s) in	volved? No	if so, appro	ximately how man	v 'employe	es are participating?		
(Name of Labor Organization)				**************************************	, has picketed	the Emplo	yer since (Month, Day, Year)		
 Organizations or individuals of individuals known to have a rep none 	her than Petitioner a presentative interest	ind those named i in any employee:	n items 8 and s in the unit de	9, which have claime escribed in item 5b ab	d recognition as re love (If none, so s	epresentati Iale)	ves and other organizations and		
10a. Name	106.	Address		SALES CONTRACTOR OF THE SALES	10c. Tel. No).	10d. Ceil No.		
					10e, Fax No).	10f. E-Mail Address		
11. Election Details: If the NLRB	conducts and election	on in this matter, s	late your pos	ition with respect to an	ny such election:	11a Electi Manu	רו רו		
11b. Election Date(s): March 20, 2020	11c.	Election Time(s):			11d. Electio	n Location	in the intermediate and intermediate		
12a. Full Name of Petitioner (incl	udun local name an	d dumbarl:		12b Address (stree	break ro				
Teamsters Local Union	30 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o nambery.	10	5718 Bartee S Norfolk, VA 2	treet	State and	ZIF Code)		
12c. Full name of national or intern	ational labor organia	ation of which Pe	titioner is an				en e		
International Brotherhoo	1 12e. Cell No.	'S	1121. Fax N		1.0 511.7				
757-461-7172	757-821-11	5000	757-45	95-2570		s822@	gmail.com		
13. Representative of the Petition 13a. Name and Title: Jonathan Axelrod		t service of all pa	13b, Addr 1717 K	poses of the represe ess (street and numbe Street N.W. Suit gton, D.C. 2000	er, city, State and . le 1120	ng. ZIP code)			
13c, Tel, No. 202-328-7222	13d. Cell No. 202-365-16	10	13e, Fax 1 202-32		jaxelrod		axelrod.com		
declare that I have read the abo	ve petition and tha		are true to t	he hest of my knowl	edge and belief.	**			
Name (<i>Print</i>) Jonathan Axelrod		Strature	-a	led	attorney		2 /24/20		
		7.	7		-				

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 1.35 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.	Date Filed
5 RC 256327	2/13/20

					J-1(C	-23032			
INSTRUCTIONS: Unless e-Filed usemployer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition must be acc named in the petition	companied by of: (1) the petit	both a sho tion; (2) St	owing of interest (see 6 atement of Position for	b below) and m (Form NLF	a certificat RB-505); an	e of service showing s d (3) Description of Re	ervice on presentation	
PURPOSE OF THIS PETITION: If bargaining by Petitioner and Petiti requests that the National Laboratory	ioner desires to be certif	ied as represen	tative of the	e employees. The Petitio	oner alleges t	that the follo	owing circumstances e		
2a. Name of Employer: American Security Programs LLC	B DBA Securamerio			stablishment(s) involved IW Washington DC		umber, City,	State, ZIP code):	*****	
3a. Employer Representative - Nan	ne and Title	3h Addre	es (if same	as 2b - state same):					
Mark Phinney VP				Connections Dr 10	5 Reston V	a. 20191			
3c. Tel. No. 703 834-8900	3d. Cell No. 703 898-1723		3e. Fax No. 703 834-8		3f. E-Mail A		nericallc.com		
4a. Type of Establishment (Factory, a Government Office facility	mine, wholesaler, etc.)		4b. Principa Security S	al Product or Service Services		5a. City an Washing	d State where unit is location DC	ated:	
5b. Description of Unit Involved: Included:						THE STATE OF THE S	r of Employees in Unit:		
All regular part time and full tin	ne security personne	el engaged by	the Emr	olover to provide Sec	urity in all f	130			
Excluded: All clerical, confidential ,mana						of the e	ubstantial number (30% mployees in the unit wis ented by the Petitioner?	h to be	
on or about (Date)		(If no reply rec	ceived, so s				declined recognition	hand.	
8a. Name of Recognized or Certific Service Employees Internation	ed Bargaining Agent (If		8b. Add			C 20005			
8c. Tel. No. 202 387-3211	8d. Cell No. 212 388-3381		8e. Fax No. 8f. E-Mail Ac 202 939-0574 EAsad@s				ra		
8g. Affiliation, if any:	8h.	8h. Date of Recognition or Certification 8i. Expi			n Date of Cu	urrent or Most (Month, Day, Year)			
SEIU									
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's establis	shment(s) involv	vea? No				s are participating? er since (Month, Day, Ye	ear)	
Organizations or individuals other individuals known to have a representation.							es and other organization	ns and	
10a. Name None	10b. Addres	ss).	10d. Cell No. n/a		
			n/a 10e.).	10f. E-Mail Address n/a		
11. Election Details: If the NLRB co	nducts and election in th	nis matter, state	your positi	on with respect to any su	n/a . uch election:	11a. Election			
Mail Ballot, five separate secu	re locations makes	campaigning	impossib	ole		Manua Manua	ual X Mail Mixed Manual/Mail		
11b. Election Date(s): Mail	11c. Election Mail	on Time(s):			11d. Electio	n Location(s):		
12a. Full Name of Petitioner (include National Leagues of Justice	[20] (- 10] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	22 S S S S S S S S S S S S S S S S S S		12b. Address (street and 305 Mt Zion Rd Dil			ZIP code):		
12c. Full name of national or internat National League of Justice and				filiate or constituent (if no	one, so state):				
12d. Tel. No.	1	12f. Fax No		12g. E-Mail Address President@nljsp.us					
13. Representative of the Petitione	r who will accept servi	ce of all paper	s for purp	oses of the representat	ion proceedi	ng.			
13a. Name and Title: Ronald A. Mikell				ss (street and number, ci ion Rd Dillsburg Pa		ZIP code):			
13c. Tel. No.	13d. Cell No. 503 5444-3257	1	13e. Fax No	о.	13f. E-Mail Address President@nljsp.us				
I declare that I have read the above		statements are	true to the	e best of my knowledge		J-1-1-0			
Name (Print)		-4		1 =:				Date	
Ronald A. Mikell		15 CE	0 11	PHAT P	resident			02/13/2020	

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

Name (Print)

Louis Agre

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT W	RITE IN THIS SPACE
Case No. 5-RC-25636	Pate Filed 1120

Date

2/13/2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Sunbelt Rentals 4417 Valley St, Enola, PA 17925-1444 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Michael Wichrowski - manager 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 717-216-2900 717-216-2901 pcm189@sunbeltrentals.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Equipment Rental Shop Equipment Rental Enola, PA 5b. Description of Unit Involved 6a, No. of Employees in Unit: Included: mechanics, lead mechanics, road mechanics, drivers, yard persons 6b. Do a substantial number (30% Excluded: All other employees or more) of the employees in the unit wish to be represented by the Petitioner? Yes V 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 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 2, 2020 6:00 am to 9:00am Employer's Facility 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers, Local 542 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 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 215-542-7500 215-206-9054 215-591-0978 brett.toomey@iuoe542.com 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. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 215-542-7500 215-852-6548 215-591-0978 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 bellef.

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

Title

Counsel

lucis

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 THI	S SPACE
5-RC-256696	Date Filed

		P25083205					1 3	- HC	- at 31	w w	i Q	(· ·	414.	140
INSTRUCTIONS: Unless e-Filed omployer concerned is located, the employer and all other partie Case Procedures (Form NLRB 4)	The petitions as named in	n must n the pe	be accomp etition of: (1) the pet	tition: (2)	Statement of Positi	(see 6)	b below) a	nd a certific	ate of	service sh	nowin	g service Represer	on
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desi	res to be	e certified as	represe	ntative of	the employees. The	Petitic	ner allege	s that the fo	nlwolle	a circums	tance	f collective s exist a	e nd
2a. Name of Employer:						f Establishment(s) in								
American Security Program	ıs			1818	H Street	t NW Washington	n DC	and all	Norld Bar	k site	s in Was	shing	ton DC	(1) (2) (3) (4)
3a. Employer Representative - Na	me and Titl	le:		3b. Addr	ess (if sa	me as 2b - state sam	nel·					-		
Mark Phinney VP						Connections Dr		105 Re	ston Va 2	0191				
3c, Tel. No.	3d. Cell N	Vo.			3e. Fax N	lo.		3f. E-Mail	Address					
(703) 834-8900	(703) 8	98-172	:3	1	(70 834	-89473)			ey@secura	americ	allc.com			
4a. Type of Establishment (Factory.	mine, whol	lesaler, e	etc.)			pal Product or Service	ce .				te where u		ocated:	
Govt Office facility 5b. Description of Unit Involved:						Services			Washin	gton I	DC .			
Included:							20		6a: Numb	per of E	mployees	in Uni	t	
All regular part-time and full til	me securi	ity emp	loyees at	the Wo	rld Ban	in Washington DC	Ck		170		***			
All confidential, clerical,, mana	agerial an	nd Supe	ervisors a	s define	ed in the	National Labor F	Relatio	ons Act	of the	employ	ntial number yees in the by the Peti	unit v	rish to be	·
Check One: 7a, Request for reon or about (Date)	100		(If no	reply rec	seived, so	state).			nd Employer					
7b. Petitioner is cu 8a. Name of Recognized or Certifi	ed Ramain	ognized a	as Bargainin	g Repres	sentative		ion und	der the Act				- 777		
Service Employees Internati	ional Loc	al 32B	il (ii none,	so state,		ddress: 5 Vermont Ave V	Nashi	ington D	C 20005					
8c. Tel. No.	Tel. No. 8d, Cell No.				Be. Fax N			Of E Mail	Addessa					
(202) 387-3211	(212) 38		1		(202) 939-0574 EAsad			8f. E-Mail . EAsad@	Address Įseiu32bj.a	org				
8g. Affiliation, if any: SEIU				1	Date of F	Recognition or Certific	ation	8i. Expirati Recent Co	on Date of Contract, if any	urrent (Monti	or Most h, Day, Yea	ar) (JNK	
9. Is there now a strike or picketing a	at the Emplo	vere ee	tablichment	(c) involv	od2 No	1500 0000		- L. b				_	Harris Com-	
(Name of Labor Organization)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, topino in the int	(0) 111011	140	n 30, appic			ny employee					
	- II D-64		7.0						d the Employ					No
 Organizations or individuals other individuals known to have a representation. 	esentative in	nterest i	a those nam n any emplo	yees in t	ms 8 and he unit de	9, which have claime escribed in item 5b ab	ed reco bove. (i	gnition as i If none, so	representativ state)	es and	other orga	ınizati	ons and	
10a. Name		10b. A	ddress					10c. Tel. N	0	1104 (Cell No.			
SPFPA		100-272	0 Kelly R	d. Ros	eville M	1.	- 1	(586)772	N 12 Maria 2					
			6-4932				ŀ			10f. E-Mail Address				
								10e. Fax No. (586)772-9644		-	yne@spt		ro	
11. Election Details: If the NLRB co	nducts and	election	in this matt	er, state	vour posi	tion with respect to an	nv suci	election:	11a Flection	n Type	,c@sp	pu.o	9	-
Mail 11b. Election Date(s):							-		☐ Manua	al 🗵] Mixe	d Manua	al/Mail
Mail		Mail	lection Time	(s):			- 1	11d. Election Mail	on Location(s):					
12a. Full Name of Petitioner (includ	ling local na	me and	number):			12b. Address (street	t and n	umber, city	, State and	ZIP coc	le):			
National League of Justice a	nd Secur	rity Pro	ofessional	s		305 Mt Zion Rd								
12c. Full name of national or internati	ional labor o	organiza	tion of which	Petition	er is an a	Affiliate or constituent	(if non	e. so state				110000		
National League of Justice and	Security	Profes	sionals				1	o, oo o.a.o,	*.3					
12d. Tel. No.	12e. Cell N			11	2f. Fax N		- 1	12a E Mail	Address					
(503) 544-3257					en run ru	9.	1.0	12g. E-Mail Address President@nljsp.us						
13. Representative of the Petitione	r who will a	accepts	service of al	l papers	for pur	oses of the represe	ntatio	nnrocood	ing					
13a. Name and Title:				11:	3b. Addre	ss (street and number	er city	State and	TIP code):					
Ronald A. Mikell						Zion Rd Dillsburg			2.1 0000 0j.					
13c. Tel. No.	13d. Cell N			13	3e. Fax N	o.	11	3f, E-Mail	Address					
	(503) 544						1	President@nljsp.us						
declare that I have read the above	petition ar	nd that t	the stateme	nts are f	true to th	e best of my knowle	edge a	nd belief.		- 0				
Name (Print) Ronald A. Mikell		13	Signature		25.02	27/1	Title	Salin All Desarit ve			e — —nii	7	Date	San san
TOTAL A. WIKEI		- 1	, ,	1	6	0/10	Pres	sident					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**

Case No.

5-RC-256975

DO NOT WRITE IN THIS SPACE

Date Filed 2/26/20

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

the employer and all other parties	named in the petition of: (1) the petition; (2) Statement of	Position form (Form NLRB-	ertificate of service showing service on 505); and (3) Description of Representation ved on the employer or any other party.		
bargaining by Petitioner and Peti	tioner desires to be certified a	is representative of the employees under its proper authority purs	. The Petitioner alleges that uant to Section 9 of the Nati			
2a. Name of Employer: Indivisible Project		2b. Address(es) of Establishmen 1730 Rhode Island Ave				
3a. Employer Representative - Na	me and Title:	3b. Address (if same as 2b - state	e same):			
Leah Greenberg - Co-Exec Ezra Levin - Co-Executive		(same)				
3c. Tel. No. 301-778-8533	3d. Cell No. 301-938-9761 Leah	3e. Fax No.	3f. E-Mail Addre	ess sible.org ezra@indivisible.org		
4a. Type of Establishment (Factory,	TOTAL SUPERIOR CONTRACTOR	4b. Principal Product or	The state of the s	. City and State where unit is located:		
non-profit	,	advocacy		Washington, DC and nationwide		
5b. Description of Unit Involved:			6a	. Number of Employees in Unit:		
Included: [see attached]				58		
Excluded:			6b	b. Do a substantial number (30% or more)		
[see attached]				of the employees in the unit wish to be represented by the Petitioner? X Yes No		
Check One: X 7a. Request for re		esentative was made on (Date)	2/26/20 and Er	nployer declined recognition		
on or about (Date)		no reply received, so state). ning Representative and desires o	ertification under the Act			
8a. Name of Recognized or Certifi			Stulleation under the Act.			
-						
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Addr	ess		
On Affiliation if annual		Oh Data of Bassanitian or	Contification 9: Evaluation D	eate of Current or Most		
8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing	at the Employer's establishm	ent(s) involved? No If s	o, approximately how many e	mployees are participating?		
(Name of Labor Organization)			, has picketed the	Employer since (Month, Day, Year)		
		amed in items 8 and 9, which have ployees in the unit described in ite		esentatives and other organizations and		
10a. Name	10b. Address		10c. Tel. No.	10d. Cell No.		
			10e. Fax No.	10f. E-Mail Address		
11. Election Details: If the NLRB c	onducts and election in this n	natter, state your position with resp	ect to any such election: 11a	a. Election Type:		
				Manual Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. Election T	609 626 0 PALA 10	11d. Election L			
March 18, 2020	11am-1p		(1986) 1987 (1987) 1987	e and DC office		
12a. Full Name of Petitioner (inclu Washington-Baltimore New			ss (street and number, city, St ye Street NW, Suite 30	o, Washington, DC 20005		
12c. Full name of national or interna The News Guild - affiliated		hich Petitioner is an affiliate or cor orkers of America, AFL-CIO,				
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Ad	dress		
202-785-3650 x 15	703-627-4547	202-785-3659	bjett@wbng			
13. Representative of the Petition	er who will accept service					
13a. Name and Title: Robert E. Paul, Attorney			nd number, city, State and ZIF ut Avenue NW, Suite 10	oode): 000, Washington, DC 20036		
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Add	dress		
202-857-5000		202-327-5499		ertepaul.com		
I declare that I have read the abo						
Name (Print) Robert E. Paul	Signatu	Robun. Paul	Title Attorney	Date 2/26/20		

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 THE	S SPACE		
Case No.	Date F	iled	
05-RD-255841	12	6	lao

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrk.goyl, submit an original of this Petition to an NLRB office in the Region in which the

Included: : is	uests that the National						
American Security Programs, Inc. 1881 Campus Commons Drive, Suite 10 3a. Employer Representative - Name and Title Mark Phinney, Operations Manager 3c. Tel. No. 703-898-1723 3c. Tel. No. 703-898-1723 3e. Cell No. 3f. E-Mail Address mphinney@securamericalle.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 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 5. 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 recognized bergaining representative? Yes No 8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union, Local 32BJ 8c. Address 8d. Tel. No. 8d. Tel. No. 202-387-3211 8d. Tel. No. 202-387-3211 8d. Tel. No. 202-387-3211 8d. Tel. No. 202-387-3211 8d. Fex No. 8g. E-Mail Address 9. Date of Recognizion or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yes)	ZIP code)						
Mark Phinney, Operations Manager 3c. Tel. No. 703-834-8900 3d. Fax No. 703-898-1723 3e. Cell No. 3f. E-Mail Address mphinney@securamericalle.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security 5e. 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 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 recognized bergaining representative? X Yes No 8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union, Local 32BJ 8c. Address 1025 Vermont Ave, NW, 7th Floor Washington, DC 20005 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yes) 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yes)							
703-834-8900 703-898-1723 mphinncy@securamericallc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 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 employces, and supervisors as defined in the NLRA 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 recognized bergaining representative? ▼ Yes No 8a. Name of Recognized or Certified Bargaining Agent Service Employees International Union, Local 32BJ 8c. Address 1025 Vermont Ave, NW, 7th Floor Washington, DC 20005 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yes) 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yes)							
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 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 recognized bergaining representative? Yes \(\bar{\text{No}} \) No 8a. Name of Recognized or Certified Bargatning Agent Service Employees International Union, Local 32BJ 8c. Address 1025 Vermont Ave, NW, 7th Floor Washington, DC 20005 8d. Tel. No. 202-387-3211 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, Ye)							
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 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 recognized bergaining representative? Yes \(\bar{\text{No}} \) No 8a. Name of Recognized or Certified Bargatning Agent Service Employees International Union, Local 32BJ 8c. Address 1025 Vermont Ave, NW, 7th Floor Washington, DC 20005 8d. Tel. No. 202-387-3211 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, Ye)							
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Service Employees International Union, Local 32BJ 8c. Address 1025 Vermont Ave, NW, 7th Floor Washington, DC 20005 8d. Tel. No. 202-387-3211 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, Ye	y the certified or currently						
1025 Vermont Ave, NW, 7th Floor Washington, DC 20005 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Ye							
Washington, DC 20005 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, Ye							
	ear)						
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employ	rees are participating?						
11c. The Employer has been picketed by or on behalf of (Insert Name)	a labor organization, of						
(Insert Address) since (Month, D.	iay, Year)						
12. Organizations or individuals other 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.	0.						
12c. Cell No. 12f. E-Mail	12f. E-Mail Address						
13. Election Details: (f the NLRB conducts an election in this matter, state your position with respect to any such election.	Mail Mixed Manual/Mail						
13b. Election Oate(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,	13d. Election Location(s) 1818 H Street, NW, Washington, DC 20433						
(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)							
14d. Cell No. 14e, E-Mail (b) (6),	E-Mail Address (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. Tcl. No. 15e. Fax No.	lo.						
15f. Cell No. 15g. E-Mail							
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.	il Address						
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	il Address						

NE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) EMENT

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.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 <u>not</u> 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7300 W 129TH ST. KS OVERLAND PARK 66213-2a. Name of Employer MIDWEST ATC SERVICES, INC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7300 W 129TH ST. DEANNA DRESEL EXECUTIVE VICE PRESIDENT KS OVERLAND PARK 66213 3f. E-Mail Address 3c Tel No 3d. Cell No. 3e Fax No. (913) 897-9300 DEANNA.DRESEL@ATT.NET (913) 787-2339 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Services AIR TRAFFIC CONTROL Hagerstown, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? Yes 7 No 7a. Request for recognition as Bargaining Representative was made on (Date)_ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 1310 CROSS CREEK CIRCLE SUITE C2 PROFESSIONAL AIR TRAFFIC CONTROLLERS ORGANIZATION (PATCO), FPD, NUH FL TALLAHASSEE 32301-8d Cell No 8e. Fax No. (770) 356-7684 b) (6), (b) (7)(C (850) 942-6722 (b) (6), (b) (7)(C) 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) PATCO/AFSCME 02/17/2015 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): HAGERSTOWN REGIONAL AIRPORT 02/21/2020 2:45 PM 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (stre state, and ZIP code) (b) (6), (b) (7)(C) Hagerstown Regional Airport 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, NUHHCE, AFSCME, AFL-CIO 12g. E-Mail Address 12f. Fax No. 12e. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a Name and Title 13c. Tel No. 13d Cell No 13e Fax No 13f F-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) Signature Title Date (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 02/18/2020 11 55:09

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

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case No. 5- RD- 256888 Date Filed 2125 20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 NLRE	3 4812). The	showing of interest	should only be file	ed with the NL	RB and sh	ould not be served	on the employer	or any other party.	
PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board proces	ntative is no	tonger their represents	Tive The Petitions	r allogac that	the fallow	na airaumatanasa	ees assert that the exist and request	certified or currently s that the National	
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 - N Kevin Braunskill HR Man	3b. Address (if same as 2b - state name) 55 Hosier Street, Selbyville, Delaware 19975								
302-988-6320			3e. Cell No. 3f. E-Mail Address 302-381-0962 kbraunskill@mounta				ire.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Poultry plant					4b. Principal product or service chicken				
5a. Description of Unit Involved							15b. City at	nd State where unit	
Included: 1st Processing, 2nd Processing and Tray Pack.					is loc				
Excluded: Transportation, Live Haul	Drivers, S	Shipping, Coolers	, Maintenance,	HR, Box re	oom,QA,	Paws, Giblets.			
6. No. of Employees in Unit 800	re	a substantial number cognized bargaining re	(30% or more) of the	ne employees	n the unit n	o longer wish to be r	epresented by the	certified or currently	
8a. Name of Recognized or Certified Bargaining Agent UFCW Local 27					8b. Affiliation, if any				
8c. Address 21 West Road, 2nd Floor Towson, MD 21204				8d. Tel. No. 800-882-0118		8a. Cell No. (b) (6), (b) (7)(C)			
				8f. Fax No.	8g. E-Mail Address		5		
9. Date of Recognition or Certification 10. Expiration Date of Current or 12/21/2023				of Current or	Most Recent Contract, if any (Month, Day, Year)				
11a. Is there now a strike or picket	ing at the Em	alayers actablishment	(a) involved 2 7 V	os VINA	441 16				
11c. The Employer has been picke (Insert Address)				о. <u>Д</u> по	110. 11 50,	approximately how		a labor organization, of	
12. Organizations or individuals other	er those nar	ned in items 8 and 11c	which have claims	nd roomaniting		SIN	ce (Month, Day, Y	ear)	
and individuals known to have	a representa	tive interest in any emp	ployees in the unit of	described in ite	m 5 above.	(If none, so state)	ganizations		
12a. Name 12b. Address					12c. Tel. No.		12d. Fax No.		
							12f. E-Mail Address		
Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.					13a. Election Type: Manual		Mail [Mixed Manual/Mail	
13b. Election Date(s)	b. Election Date(s) 13c. Election Time(s)				13d. Election Location(s)				
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			
4f. Affiliation, if any		* **							
5. Representative of the Petition	er who will	accept service of all	papers for purpos	es of the repr	sentation	proceeding.			
5a, Name b) (6), (b) (7)(C)			25-70-100-2-2-3		15b.Title				
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		
declare that I have read the above	e petition a	nd that the statement	s are true to the b	est of my kno	wledge an	d belief.			
b) (6), (b) (7)(C)		Signature (b) (6), (b) (7)			Title			Date Filed 02/20/20	

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