

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-244514

Date Filed

7/9/19

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

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Transdev Services, Inc.

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

1 Cross Street
CT Bridgeport 06610-

3a. Employer Representative - Name and Title

Dawn Poirier

3b. Address (If same as 2b - state same)

1 Cross Street
CT Bridgeport 06610-

3c. Tel. No.

(203) 366-7070

3d. Cell No.

(203) 650-1246

3e. Fax No.

(203) 579-0900

3f. E-Mail Address

dawn.poirier@transdev.com

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

Transportation

4b. Principal product or service

Transit Service

5a. City and State where unit is located:

Bridgeport, CT

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:

5

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

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
July 9, 2019

11c. Election Time(s):
9:30 a.m. to 12:00 noon

11d. Election Location(s):
Driver's Lounge

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

Mustafa Salahuddin
Amalgamated Transit Union Local 1336

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

955 Connecticut Avenue Bldg. 5-B, Unit# 5223-24
CT Bridgeport 06607-

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

Amalgamated Transit Union

12d. Tel No.

(203) 333-5544

12e. Cell No.

(203) 343-3229

12f. Fax No.

12g. E-Mail Address
atulocal1336@aol.com

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

13a. Name and Title

Daniel B. Smith Assistant General Counsel
Amalgamated Transit Union

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

10000 New Hampshire Avenue
MD Silver Spring 20903-

13c. Tel No.

(301) 431-7100

13d. Cell No.

(202) 714-4219

13e. Fax No.

13f. E-Mail Address
dsmith@atu.org

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

Name (Print)

Daniel B. Smith

Signature

Daniel B. Smith

Title

Assistant General Counsel

Date

07/9/2019 09:28:58

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time Dispatch/Supervisors employed by the Employer at its facility in Bridgeport, Connecticut. (The Petitioner seeks an Armour Globe election to include the petitioned-for employees within the Petitioner's existing unit of the Employer's Bridgeport, Connecticut employees.)

Employees Excluded

All other employees, schedulers, reservationists, office clerical employees and guards, and professional employees and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

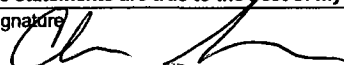
01-RC-244753

Date Filed

7-12-19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Schnitzer Steele Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 69 River St Everett Ma 02149	
3a. Employer Representative - Name and Title: John Silva		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jsilva@schn.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Metal Processing		4b. Principal Product or Service metal recycling	5a. City and State where unit is located: Everett Ma
5b. Description of Unit Involved: Included: All full time and regular part time scale operators at the Everatt Ma location Excluded: All other employees including Managers, supervisors and guards as defined in the ACT			6a. Number of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 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 and election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 7/29/19		11c. Election Time(s): tbd	11d. Election Location(s): Everett Location
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local Union 25		12b. Address (street and number, city, State and ZIP code): 544 Main St. Boston Ma 02129	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): IBT Local #25			
12d. Tel. No. 617.241.3989	12e. Cell No.	12f. Fax No. 617.242.4284	12g. E-Mail Address csmolinsky@teamsterslocal25.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Chris Smolinsky- Organizer		13b. Address (street and number, city, State and ZIP code): 544 Main St. Boston Ma 02129	
13c. Tel. No. 617.241.3989	13d. Cell No.	13e. Fax No. 617.242.4284	13f. E-Mail Address csmolinsky@teamsterslocal25.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) Chris Smolinsky		Signature 	Title Organizer
			Date 7/12/19

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-245253

Date Filed

7/22/19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Goodspeed Musicals		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO Box A, 6 Main Street CT East Haddam 06423-	
3a. Employer Representative - Name and Title Michael Gennaro		3b. Address (If same as 2b - state same) PO Box A, 6 Main Street CT East Haddam 06423-	
3c. Tel. No. (860) 873-8664	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Musical Theater	5a. City and State where unit is located: Chester, CT
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: 15 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 07/03/2019 and Employer declined recognition on or about 07/12/2019 (Date) (If no reply received, so state). Yes <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 checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): August 30, 2019	11c. Election Time(s): 10:00 am	11d. Election Location(s): Local 400	
12a. Full Name of Petitioner (including local name and number) Joseph Messina Joseph Messina, Connecticut Valley Federation of Musicians, Local 400		12b. Address (street and number, city, state, and ZIP code) 56 Townline Rd CT Rocky Hill CT 06067-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Musicians			
12d. Tel No. (860) 563-1606	12e. Cell No. (860) 680-2313	12f. Fax No. (860) 563-1501	12g. E-Mail Address jmessina@400.necoxmail.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)	
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) Joseph Messina	Signature Joseph Messina	Title President	Date 07/19/2019 12:58:38

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

PRIVACY ACT STATEMENT

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Attachment

Employees Included

Musicians at the Norma Terris Theater

Employees Excluded
management

1990

[illegible]

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-245315

July 23, 2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Center for Extended Care At Amherst

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
150 University Drive, Amherst, MA 01059

3a. Employer Representative - Name and Title
David Ianacone

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

3c. Tel. No.
413-256-8185

3d. Cell No.
860-978-9186

3e. Fax No.

3f. E-Mail Address
dianacone@cecaa.com

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

4b. Principal product or service
Nursing Care

5a. City and State where unit is located:
Amherst, MA

5b. Description of Unit Involved
Included: PLEASE SEE ATTACHED

Excluded:

6a. No. of Employees in Unit:
3

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ 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)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Wednesday, August 14, 2019

11c. Election Time(s):
12:00 - 12:30 PM

11d. Election Location(s):
150 University Drive, Amherst, MA 01059

12a. Full Name of Petitioner (including local name and number)
1199SEIU United Healthcare Workers East

12b. Address (street and number, city, state, and ZIP code)
108 Myrtle Street, 4th Floor, Quincy, MA 02171

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

12d. Tel No.

12e. Cell No.
617-640-0643

12f. Fax No.

12g. E-Mail Address
patrick.mccabe@1199.org

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

13a. Name and Title
David Rome, Attorney

13b. Address (street and number, city, state, and ZIP code)
Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Floor, Boston, MA 02109

13c. Tel No.
617-367-7200

13d. Cell No.
617-680-4374

13e. Fax No.
617-367-4820

13f. E-Mail Address
drome@pylerome.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)
David Rome

Signature
David Rome

Title
Attorney

Date
July 23, 2019

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

PRIVACY ACT STATEMENT

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ATTACHMENT

5b. Description of Unit.

Unit: Unit: All full-time and regular part-time cooks employed by the Home at its 150 University Drive, Amherst, Massachusetts, nursing home, excluding all other employees, dieticians, registered nurses, graduate nurses, licensed practical nurses, recreational personnel, office clerical employees, professional employees, guards, chef, temporary employees as defined herein, high school students receiving academic credit for work study or any high school students hired through a vocational cooperative program; and supervisors as defined in the National Labor Relations Act, as amended to date.

A vote in favor of union representation is a vote to be added to the existing unit of employees represented by the Union, which consists of:

All regular full-time and regular part-time maintenance and housekeeping employees, kitchen employees, nurses' aides, and orderlies employed by the Home at its 150 University Drive, Amherst, Massachusetts, nursing home, excluding all other employees, dieticians, registered nurses, graduate nurses, licensed practical nurses, recreational personnel, office clerical employees, professional employees, guards, chef, temporary employees as defined herein, high school students receiving academic credit for work study or any high school students hired through a vocational cooperative program, and supervisors as defined in the National Labor Relations Act, as amended to date.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-244740

Date Filed

7-12-19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer

Akima Global Services, LLC

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

New Boston Air Force Station 317 Chestnut Hill Road
NH New Boston 03070-

3a. Employer Representative - Name and Title

Andrew Heck

3b. Address (If same as 2b - state same)

New Boston Air Force Station 317 Chestnut Hill Road
NH New Boston 03070-

3c. Tel. No.

(603) 472-4097

3d. Cell No.

(603) 933-0274

3e. Fax No.

3f. E-Mail Address

andrew.heck@akimaglobal.com

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

Security Systems & Services

4b. Principal product or service

security services

5a. City and State where unit is located:

New Boston, NH

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:

4

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

Check One:



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



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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
August 1, 2019

11c. Election Time(s):
12:00 pm to 1:00pm

11d. Election Location(s):
New Boston Air Force Station

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

Charles Strebeck
United Federation of Special Police and Security Officers, Inc.

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

540 North State Road
NY Briarcliff Manor 10510-

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

12d. Tel No.

(914) 941-4103

12e. Cell No.

(908) 413-3285

12f. Fax No.

(914) 941-4472

12g. E-Mail Address

charlesstrebeck@gmail.com

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

13a. Name and Title

Christopher G Roach Special Assistant to the President
United Federation of Special Police and Security Officers, Inc.

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

69 Colehamer Avenue
NY Troy 12180-7117

13c. Tel No.

13d. Cell No.

(518) 727-5041

13e. Fax No.

13f. E-Mail Address

cgroach.troy@gmail.com

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

Name (Print)

Christopher G Roach

Signature

Christopher G Roach

Title

Special Assistant to the President

Date

07/11/2019 08:32:28

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All full-time flight sergeants employed by the Company to perform work at the New Boston Air Force Station located in New Boston, New Hampshire.

Employees Excluded

Office clerical employees, administrative assistants, confidential employees, managerial employees, professional employees, security officers, part-time flight sergeants and supervisors as defined in the Act.

BOSTON, MA 02222-1072
REGION ONE

2019 JUL 12 PM 1:10

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RELATIONS BOARD