

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION****DO NOT WRITE IN THIS SPACE**Case No.  
1-RC-251507Date Filed  
11/12/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.**

<b>2a. Name of Employer:</b> Rockland Trust Bank Pavilion/Live Nation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 290 Northern Ave., Boston, MA 02210	
<b>3a. Employer Representative - Name and Title:</b> Jason Sandoval, General Manager		<b>3b. Address (if same as 2b - state same):</b> Same.	
<b>3c. Tel. No.</b> 617-728-1600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> JasonSandoval@LiveNation.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Outdoor Concert Venue		<b>4b. Principal Product or Service</b> Entertainment	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Ushers, Usher Captains, Usher Supervisors, Ambassadors and Guest Service Reps. <b>Excluded:</b> All other employees, office clerical employees, guards & supervisors as defined in Act		<b>5a. City and State where unit is located:</b> Boston, MA	
		<b>6a. Number of Employees in Unit:</b> 96	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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) <u>Oct. 18, 2019</u> and Employer declined recognition on or about (Date) <u>Nov. 1, 2019</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 2 weeks after DDE.	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> IATSE Local B4		<b>12b. Address (street and number, city, State and ZIP code):</b> P.O. Box 120277, Boston, MA 02112	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> The International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> carolarlauskasb4@gmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Gabriel O. Dumont, Jr., Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> Dumont, Morris And Burke, PC 141 Tremont Street, Suite 500, Boston, MA 02111	
<b>13c. Tel. No.</b> (617) 227-7272	<b>13d. Cell No.</b> (617) 733-4804	<b>13e. Fax No.</b> (617) 227-7025	<b>13f. E-Mail Address</b> gdumont@dmbpc.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Gabriel O. Dumont, Jr.	<b>Signature</b> /s/ Gabriel O. Dumont, Jr.	<b>Title</b> Attorney	<b>Date</b> 11/12/19

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

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.

01-RC-251551

Date Filed

11/12/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Action Ambulance		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 490 South Street MA Holyoke 01040-	
<b>3a. Employer Representative - Name and Title</b> Rock Thibeault		<b>3b. Address (If same as 2b - state same)</b> 490 South Street MA Holyoke 01040-	
<b>3c. Tel. No.</b> (413) 425-9500	<b>3d. Cell No.</b> (413) 244-9612	<b>3e. Fax No.</b> (978) 263-2568	<b>3f. E-Mail Address</b> rthibeault@actionambulance.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> emergency medical services / transport	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Holyoke, MA <b>6a. No. of Employees in Unit:</b> 70 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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)**

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

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

<b>11b. Election Date(s):</b> December 10 & 12, 2019	<b>11c. Election Time(s):</b> 8:00 am - 10:00 am & 2:00 pm - 4:00 pm both days	<b>11d. Election Location(s):</b> 490 South Street, Holyoke, MA 01040 (Employer's facility, training room)
---	---	---

<b>12a. Full Name of Petitioner (including local name and number)</b> Philip Petit	<b>12b. Address (street and number, city, state, and ZIP code)</b> 159 Burgin Parkway MA Quincy 02169-
---	--

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of EMTs and Paramedics, NAGE / SEIU Local 5000

<b>12d. Tel No.</b> (161) 737-6723	<b>12e. Cell No.</b> (774) 218-9488	<b>12f. Fax No.</b> (617) 984-5695	<b>12g. E-Mail Address</b> ppetit@nage.org
---------------------------------------	--	---------------------------------------	---

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

<b>13a. Name and Title</b> Doug Hall Lead Counsel International Association of EMTs and Paramedics, NAGE / SEIU Local 5000		<b>13b. Address (street and number, city, state, and ZIP code)</b> 159 Burgin Parkway MA Quincy 02169-	
<b>13c. Tel No.</b> (860) 230-5874	<b>13d. Cell No.</b> (860) 230-5874	<b>13e. Fax No.</b> (617) 984-5695	<b>13f. E-Mail Address</b> dhall@nage.org

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

<b>Name (Print)</b> Philip Petit	<b>Signature</b> Philip Petit	<b>Title</b> National Director	<b>Date</b> 11/12/2019 14:13:24
-------------------------------------	----------------------------------	-----------------------------------	------------------------------------

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, regular part time and per-diem EMTs, Paramedics and dispatchers employed by the employer working in and out of but not limited to employer's Holyoke, Hadley and Springfield, Massachusetts locations.

**Employees Excluded**

Office, and Clerical employees, confidential employees, mechanics, fleet technicians, couriers, crew chiefs, guards, and supervisors employed by the employer as defined by the Act.

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

**DO NOT WRITE IN THIS SPACE**

Case No  
01-RC-251792

Date Filed  
11/15/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.**

<b>2a. Name of Employer:</b> Boston University	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 801 Massachusetts Ave, Boston, MA, 02118
<b>3a. Employer Representative - Name and Title:</b> Judi Burgess	<b>3b. Address (if same as 2b - state same):</b> same

<b>3c. Tel. No.</b> 617-353-2380	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> 888-975-1568	<b>3f. E-Mail Address</b> hr@bu.edu
<b>4a. Type of Establishment (Factory mine wholesaler etc)</b> Higher Education/University		<b>4b. Principal Product or Service</b> higher education	<b>5a. City and State where unit is located:</b> Boston, MA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See ademndum <b>Excluded:</b> See adendum			<b>6a. Number of Employees in Unit:</b> 27
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 7/31/2019 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> SEIU 888	<b>8b. Address:</b> 25 Braintree Hill Park #306, Braintree, MA 02184
---	---

<b>8c. Tel. No.</b> 617-241-3300	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> 617-241-3303	<b>8f. E-Mail Address</b> hrothmel@seiu888.org
<b>8g. Affiliation if any</b> Service Employees International Union		<b>8h. Date of Recognition or Certification</b> 1979	<b>8i. Expiration Date of Current or Most Recent Contract if any (Month Day Year)</b> 10/3/2019

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? N/A  
(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

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

**11. Election Details:** If the NLRB conducts and election in this matter state your position with respect to any such election  
These employees share a community of interest and are professional employees

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

<b>11b. Election Date(s)</b> 12/5/2019	<b>11c. Election Time(s)</b> 8-11 AM, 4-6 PM	<b>11d. Election Location(s)</b> Room 503 Mugar Library
---	---	--

<b>12a. Full Name of Petitioner (including local name and number):</b> Service Employees International Union Local 888	<b>12b. Address (street and number, city, State and ZIP code):</b> 25 Braintree Hill Park #306, Braintree, MA 02184
---	--

**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

<b>12d. Tel. No.</b> 202-730-7000	<b>12e. Cell No.</b> N/A	<b>12f. Fax No.</b> N/A	<b>12g. E-Mail Address</b> N/A
--------------------------------------	-----------------------------	----------------------------	-----------------------------------

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

<b>13a. Name and Title</b> Hersch Rothmel, External Organizer	<b>13b. Address (street and number city State and ZIP code):</b> 25 Braintree Hill Park #306, Braintree, MA 02184
--	--

<b>13c. Tel. No.</b> 609-694-5781	<b>13d. Cell No.</b> N/A	<b>13e. Fax No.</b> N/A	<b>13f. E-Mail Address</b> hrothmel@seiu888.org
--------------------------------------	-----------------------------	----------------------------	--

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

<b>Name (Print)</b> Hersch	<b>Signature</b>	<b>Title</b> External Organizer	<b>Date</b> 11/13/2019
-------------------------------	------------------	------------------------------------	---------------------------

**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.

FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-252073

Date Filed

11/19/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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:**  
McLaughlin & Moran Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
40 Slater Road, Cranston, RI 02920

**3a. Employer Representative - Name and Title:**  
Michael Norton/ VP of Operations

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

**3c. Tel. No.**  
401-463-5454

**3d. Cell No.**

**3e. Fax No.**  
401-463-3770

**3f. E-Mail Address**

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

**4b. Principal Product or Service**  
alcoholic beverages/ beer

**5a. City and State where unit is located:**  
Cranston, RI 02920

**6a. Description of Unit Involved:**  
Included:

See attachment

Excluded:

See attachment

**6a. Number of Employees in Unit:**  
2

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

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/19/2019 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: **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
TBD

**11c. Election Time(s):**  
TBD

**11d. Election Location(s):**  
break room

**12a. Full Name of Petitioner (including local name and number):**  
Teamsters Local 251

**12b. Address (street and number, city, State and ZIP code):**  
121 Brightbridge Avenue, East Providence, RI 02914

**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.**  
401-434-0454

**12e. Cell No.**  
401-556-1416

**12f. Fax No.**  
401-431-1893

**12g. E-Mail Address**  
mattmaini.local251@gmail.com

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

**13a. Name and Title:**  
Marc Gursky/ Attorney

**13b. Address (street and number, city, State and ZIP code):**  
1130 Ten Rod Road C-207, North Kingstown, RI 02852

**13c. Tel. No.**  
401-294-4700

**13d. Cell No.**  
401-580-3402

**13e. Fax No.**  
401-294-4702

**13f. E-Mail Address**  
mgursky@rllaborlaw.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)**  
Matthew Maini

**Signature**

**Title**  
Business Agent

**Date**

11/19/19

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

### **Attachment**

#### **5b. Description of unit involved:**

##### **Included:**

All full time and regular part-time shipping/receiving clerks employed by the employer at its 40 Slater Rd., Cranston, RI facility.

##### **Excluded:**

All other employees, guards, supervisors and managers as defined in the act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
01-RC-252103

Date Filed  
22/30/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> First Student (Assabet)		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 208 Hayes Memorial Drive MA Marlborough 01752-	
<b>3a. Employer Representative Name and Title</b> Jessica Quint		<b>3b. Address</b> (If same as 2b state same) 68 Industrial Blvd Suite 6 MA Hanson 02341-	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> (339) 788-2862	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jessica.quint@firstgroup.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> School Bus	
		<b>5a. City and State where unit is located:</b> Marlborough, MA	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 17
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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)**

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> December 2, 2019	<b>11c. Election Time(s):</b> 7:00 AM - 9:00 AM	<b>11d. Election Location(s):</b> 208 Hayes Memorial Drive, Marlborough, MA	

<b>12a. Full Name of Petitioner (including local name and number)</b> Shawn C Stevens Shawn C Stevens (Teamsters Union Local 170)		<b>12b. Address (street and number, city, state, and ZIP code)</b> 330 Southwest Cutoff Suite 201 MA Worcester 01604-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters			

<b>12d. Tel No.</b> (508) 799-0551	<b>12e. Cell No.</b> (774) 823-5418	<b>12f. Fax No.</b> (508) 752-9647	<b>12g. E-Mail Address</b> sstevens@teamsters170.com
---------------------------------------	--	---------------------------------------	---

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

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
----------------------------	--	--	--

<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
---------------------	----------------------	---------------------	----------------------------

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

<b>Name (Print)</b> Shawn C Stevens	<b>Signature</b> Shawn C Stevens	<b>Title</b> Organizer	<b>Date</b> 11/20/2019 12:33:39
--	-------------------------------------	---------------------------	------------------------------------

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  
All Bus Drivers

Employees Excluded  
All others as defined in the Act

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed



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

DO NOT WRITE IN THIS SPACE

Case No.


01-RC-252107

Date Filed

11/20/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> All-Star Transportation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 31 Pecks Lane, Newtown CT 06470	
<b>3a. Employer Representative - Name and Title:</b> Leslie Sheldon		<b>3b. Address (if same as 2b - state same):</b> 146 Huntingdon Avenue, Waterbury CT 06708	
<b>3c. Tel. No.</b> 203-573-0555	<b>3d. Cell No.</b> 860-601-0075	<b>3e. Fax No.</b> 203-573-9750	<b>3f. E-Mail Address</b> leslie.sheldon@all-startransportation.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Transportation		<b>4b. Principal Product or Service</b> Bus service for school districts	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and part-time drivers employed by the Employer in Newtown, CT. <b>Excluded:</b> All office clerical employees, aides, and guards, professional employees & supervisors.		<b>5a. City and State where unit is located:</b> Newtown, CT	
<b>6a. Number of Employees in Unit:</b> 55		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 11/19/19 and Employer declined recognition on or about (Date) 11/19/19 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b> N/A	
<b>8c. Tel. No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any:</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A			
<b>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)</b> None			
<b>10a. Name</b> N/A		<b>10b. Address</b> N/A	
<b>10c. Tel. No.</b> N/A		<b>10d. Cell No.</b> N/A	
<b>10e. Fax No.</b> N/A		<b>10f. E-Mail Address</b> N/A	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: on-site <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> TBD		<b>11c. Election Time(s):</b> TBD	
<b>11d. Election Location(s):</b> Newtown Bus Yard			
<b>12a. Full Name of Petitioner (including local name and number):</b> United Professional Service & Employees Union (UPSEU), Local 1222		<b>12b. Address (street and number, city, State and ZIP code):</b> 3555 Veterans Memorial Highway, Suite H Ronkonkoma, NY 11779	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Journeymen & Allied Trades (IUJAT)			
<b>12d. Tel. No.</b> 1-800-833-3688	<b>12e. Cell No.</b> 203-915-2928	<b>12f. Fax No.</b> 631-738-7236	<b>12g. E-Mail Address</b> mgeer@upseu.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Matt Geer, Regional Director		<b>13b. Address (street and number, city, State and ZIP code):</b> 130 Research Parkway, Suite 201, Meriden, CT 06450	
<b>13c. Tel. No.</b> 203-235-4485	<b>13d. Cell No.</b> 203-915-2928	<b>13e. Fax No.</b> 203-235-4507	<b>13f. E-Mail Address</b> mgeer@upseu.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Matt Geer		<b>Signature</b> 	<b>Title</b> Regional Director
			<b>Date</b> 11/20/19

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.

FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-252193

Date Filed

11/21/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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-509); 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 8 of the National Labor Relations Act.

**2a. Name of Employer:**  
Student Transportation of America/ Ocean State Transit

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
125 Commercial Way, East Providence, RI 02914 and 909 Wampanoag Trail, Riverside, RI 02915

**3a. Employer Representative - Name and Title:**  
Tony Murgo/ VP of Operations

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

**3c. Tel. No.**  
401-435-8080

**3d. Cell No.**  
401-862-5090

**3e. Fax No.**

**3f. E-Mail Address**

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

**4b. Principal Product or Service:**  
Student

**6a. City and State where unit is located:**  
East Providence, RI

**5b. Description of Unit Involved:**

Included:  
see attachment

Excluded:  
see attachment

**6b. Number of Employees in Unit:**  
95

**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)**

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:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
12/16/2019

**11c. Election Time(s):**  
TBD

**11d. Election Location(s):**

Break room located on Commercial Way

**12a. Full Name of Petitioner (including local name and number):**  
Teamsters Local 251

**12b. Address (street and number, city, State and ZIP code):**

121 Brightbridge Avenue, East Providence, RI 02914

**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.**  
401-434-0454

**12e. Cell No.**  
401-965-2024

**12f. Fax No.**  
401-431-1893

**12g. E-Mail Address**

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

**13a. Name and Title:**  
Marc Gursky/ Attorney

**13b. Address (street and number, city, State and ZIP code):**  
1130 Ten Rod Rd. C-207, North Kingstown, RI 02852

**13c. Tel. No.**  
401-294-4700

**13d. Cell No.**  
401-580-3402

**13e. Fax No.**  
401-294-4702

**13f. E-Mail Address**  
mgursky@rllaborlaw.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)**  
Michael Simone

**Signature**

*Michael Simone*

**Title**

Organizer/Trustee

**Date**

11/21/19

**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. 74842-43 (Dec. 13, 2006). The NLRB will not release this information to any other agency or to the public, except as may be required by law or as may be necessary to carry out the purposes of the NLRA.

## **Attachment**

### **5b. Description of unit involved**

**Included:** All full time and regular part-time bus aides and bus monitors employed by the employer at its 125 Commercial Way, East Providence, RI and 909 Wampanoag Trail, Riverside, RI facilities.

**Excluded:** All other employees, van drivers, van aides, guards and supervisors as defined in the act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
01-RC-251920

Date Filed  
11/18/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> National Trench Safety		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 49 Silva Ln MA Dracut 01826-	
<b>3a. Employer Representative - Name and Title</b> Rick Buck		<b>3b. Address</b> (If same as 2b - state same) 49 Silva MA Dracut 01826-	
<b>3c. Tel. No.</b> (978) 475-0420	<b>3d. Cell No.</b> (978) 771-4209	<b>3e. Fax No.</b> (978) 475-4022	<b>3f. E-Mail Address</b> rickbuck@ntsafety.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Construction Services		<b>4b. Principal product or service</b> Trench Safety	
		<b>5a. City and State where unit is located:</b> Dracut, MA	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 7
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 10/25/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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)

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

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

<b>11b. Election Date(s):</b> November	<b>11c. Election Time(s):</b> 9 am	<b>11d. Election Location(s):</b> 49 Silvia Lane Dracut Ma
<b>12a. Full Name of Petitioner (including local name and number)</b> Christopher Leo Carey International Union of Operating Engineers Local 4		<b>12b. Address (street and number, city, state, and ZIP code)</b> 16 Trotter Drive MA Medway 02053-

**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

<b>12d. Tel No.</b> (508) 533-1433	<b>12e. Cell No.</b> (781) 759-6169	<b>12f. Fax No.</b> (508) 533-1430	<b>12g. E-Mail Address</b> c.carey@iuoelocal4.org
---------------------------------------	--	---------------------------------------	--

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

<b>13a. Name and Title</b> Christopher Leo Carey Organizer/ Legislative Representative International Union of Operating Engineers		<b>13b. Address (street and number, city, state, and ZIP code)</b> 16 Trotter Dr. MA Medway 02053-	
<b>13c. Tel No.</b> (508) 533-1433	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (508) 533-1430	<b>13f. E-Mail Address</b> c.carey@iuoelocal4.org

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

<b>Name (Print)</b> Christopher Leo Carey	<b>Signature</b> Christopher Leo Carey	<b>Title</b> Organizer/ Legislative Representative	<b>Date</b> 11/12/2019 08:15:16
--	---	---	------------------------------------

**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  
Drivers and Yard Workers

Employees Excluded  
None

DO NOT WRITE IN THIS SPACE	
Case	Date Filed