

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

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-265998

Date Filed

9-14-20

**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> The Museum of Fine Arts, Boston		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 465 Huntington Avenue, Boston, MA 02115	
<b>3a. Employer Representative - Name and Title:</b> Matthew Teitelbaum		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (617) 369-3200	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mteitelbaum@mfa.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Museum		<b>4b. Principal Product or Service</b> Museum	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time employees of the Employer. <b>Excluded:</b> Guards, managers as defined by the Act, employees covered by other CBAs.		<b>5a. City and State where unit is located:</b> Boston, MA	
		<b>6a. Number of Employees in Unit:</b> 300	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition <input type="checkbox"/> 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.			
<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> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<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:		<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> September 21, 2020	<b>11c. Election Time(s):</b>		<b>11d. Election Location(s):</b>
<b>12a. Full Name of Petitioner (including local name and number):</b> Technical, Office & Professional Union, Local 2110 UAW		<b>12b. Address (street and number, city, State and ZIP code):</b> 256 W. 38th Street, Suite 704, New York, NY 10018	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Automobile, Aerospace, and Agricultural Implement Workers of America, AFL-CIO			
<b>12d. Tel. No.</b> (212) 387-0220	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 228-0198	<b>12g. E-Mail Address</b> local2110@2110uaw.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> Dana Lossia, Attorney for Local 2110 UAW		<b>13b. Address (street and number, city, State and ZIP code):</b> Levy Ratner, P.C. 80 Eighth Avenue, 8th Floor, New York, NY 10011	
<b>13c. Tel. No.</b> (212) 627-8100	<b>13d. Cell No.</b> (617) 510-0283	<b>13e. Fax No.</b> (212) 627-8182	<b>13f. E-Mail Address</b> dlossia@levyratner.com
<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> Dana Lossia	<b>Signature</b> <i>Dana Lossia</i>	<b>Title</b> Attorney for Local 2110 UAW	<b>Date</b> 9-14-2020

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

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

01-RC-266534

Date Filed

09-23-2020

**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> Portland Museum of Art		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 7 Congress Square ME Portland 04101-	
<b>3a. Employer Representative - Name and Title</b> Mark Bessire		<b>3b. Address</b> (If same as 2b - state same) 7 Congress Square ME Portland 04101-	
<b>3c. Tel. No.</b> (207) 669-4061	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mbessire@portlandmuseum.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Services		<b>4b. Principal product or service</b> Museum - education	
<b>5a. City and State where unit is located:</b> Portland, ME			<b>5b. Description of Unit Involved</b>
<b>Included:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 70
<b>Excluded:</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"/>

**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?** 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)

<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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> October 7, 2020		<b>11c. Election Time(s):</b> mail ballot		<b>11d. Election Location(s):</b> by mail			
<b>12a. Full Name of Petitioner (including local name and number)</b> Maida Rosenstein Technical, Office & Professional Union Local 2110				<b>12b. Address (street and number, city, state, and ZIP code)</b> 256 W 38th St, Suite 704 NY New York 10018			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) United Automobile Workers							
<b>12d. Tel No.</b> (212) 387-2120		<b>12e. Cell No.</b>		<b>12f. Fax No.</b>		<b>12g. E-Mail Address</b> local@2110uaw.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> Thomas W Meiklejohn Its Attorney Livingston, Adler, Pulda, Meiklejohn & Kelly		<b>13b. Address (street and number, city, state, and ZIP code)</b> 557 Prospect Ave. CT Hartford 06105-	
<b>13c. Tel No.</b> (860) 570-4639	<b>13d. Cell No.</b> (860) 214-9676	<b>13e. Fax No.</b> (860) 232-7818	<b>13f. E-Mail Address</b> TWMeiklejohn@lapm.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> Thomas W Meiklejohn	<b>Signature</b> Thomas W. Meiklejohn	<b>Title</b> Its Attorney	<b>Date</b> 09/23/2020 12:48:07
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 01-RC-266534	Date Filed 09-23-2020

Employees Included  
All employees employed by the Employer

Employees Excluded  
Managers 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-266690

Date Filed

9/28/2020

**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> Wheelabrator Bridgeport		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6 Howard Avenue, Bridgeport, CT 06605	
<b>3a. Employer Representative - Name and Title:</b> Philip Schwer - Plant Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 203-579-2607	<b>3d. Cell No.</b> 845-213-8994	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pschwer@wtienergy.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Waste to Energy Power Plant		<b>4b. Principal Product or Service</b> Energy	
<b>5a. City and State where unit is located:</b> Bridgeport, Connecticut		<b>5b. Description of Unit Involved:</b> <b>Included:</b> please see attachment <b>Excluded:</b> please see attachment	
<b>6a. Number of Employees in Unit:</b> 49		<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"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 09/28/2020 <b>and Employer declined recognition</b> on or about (Date) 9/28/2020 (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<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>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> 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) _____			
<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>			
<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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Wednesday, October 21, 2020	<b>11c. Election Time(s):</b> 7am-8am & 5pm-6pm	<b>11d. Election Location(s):</b> Breakroom at the facility	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 30		<b>12b. Address (street and number, city, State and ZIP code):</b> 16-16 Whitestone Expressway, Whitestone, New York 11357	
<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 Operating Engineers			
<b>12d. Tel. No.</b> 917-680-7978	<b>12e. Cell No.</b> 917-680-7978	<b>12f. Fax No.</b> 718-805-2172	<b>12g. E-Mail Address</b> andrespuerta@iuoelocal30.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> Andres Puerta - Director of Special Projects		<b>13b. Address (street and number, city, State and ZIP code):</b> 16-16 Whitestone Expressway, Whitestone, New York 11357	
<b>13c. Tel. No.</b> 917-680-7978	<b>13d. Cell No.</b> 917-680-7978	<b>13e. Fax No.</b> 718-805-2172	<b>13f. E-Mail Address</b> andrespuerta@iuoelocal30.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> Andres Puerta	<b>Signature</b> 	<b>Title</b> Dir. of Special Projects	<b>Date</b> 9/28/2020

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.

NLRB Form 502/RC Petition

**5b Description of Unit Involved**

Included:

All Assistant Plant Operators, Crane Operators, E&I Leads and Techs, Fuel/Ash Handlers, Mechanics, Plant Operators, Scale House Operators, Tipping Floor Operators, Utility Operators, Utility Plant Operators.

Excluded

All office clerical employees, professional employees, guards and supervisors under the Act.

*AP 9/20/2020*

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

01-RC-266758

Date Filed

September 28, 2020

**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> WCI - Work Community Independence		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 135 Beaver Street First Floor MA Waltham 02452-	
<b>3a. Employer Representative - Name and Title</b> Paula Dunn-Meadows		<b>3b. Address</b> (If same as 2b - state same) 135 Beaver Street First Floor MA Waltham 02452-	
<b>3c. Tel. No.</b> (781) 899-8220	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (781) 899-3828	<b>3f. E-Mail Address</b> pdunnmeadows@wearewci.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare		<b>4b. Principal product or service</b> Healthcare Service	
<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> Waltham, MA	
		<b>6a. No. of Employees in Unit:</b> 78	
		<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</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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 10/28/2020		<b>11c. Election Time(s):</b> TBD		<b>11d. Election Location(s):</b> TBD			
<b>12a. Full Name of Petitioner (including local name and number)</b> Milton Francisco Depina International Brotherhood of Teamsters Joint Council 10 New England, Teamsters Local Union No. 25				<b>12b. Address (street and number, city, state, and ZIP code)</b> 544 Main St. MA Boston 02129-1113			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Brotherhood of Teamsters							
<b>12d. Tel No.</b> (857) 274-0750		<b>12e. Cell No.</b> (857) 274-0750		<b>12f. Fax No.</b> (617) 241-7512		<b>12g. E-Mail Address</b> mdépina@teamstersjointcouncil10.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> Milton Francisco Depina	<b>Signature</b> Milton Francisco Depina	<b>Title</b> Organizer	<b>Date</b> 09/28/2020 14:27:28
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### Employees Included

All full-time and regular part time workers in the Social Support Division including direct care support staff, support service, support specialists, resident counselors, support coordinators, and assistant coordinators at the following addresses: 146-148 Hammond Street (Waltham), 428 Lincoln Street (Waltham), 17 Hardy Pond Road (Waltham), 1072 Trapelo Rd. (Waltham), 94 Phillips Circle (Waltham), 217 Prospect Hill Rd (Waltham), 40 Crestview Rd. (Waltham), 66 Kendall Park (Waltham), 4 York Road (Newton), 15 Townsend Street (Waltham).

### Employees Excluded

All other employees including guards, division heads, directors, non Social Support Division employees, and managers as defined in the act.



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-266848

Date Filed

9-29-2020

**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> Durham School Services	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 10 Lark Industrial Drive, Greenville, RI 02828
<b>3a. Employer Representative - Name and Title:</b> Fran Adamski/ Manager	<b>3b. Address (if same as 2b - state same):</b> Same

<b>3c. Tel. No.</b> 401-349-2770	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 401-349-2772	<b>3f. E-Mail Address</b> fadamski@durhamschoolservices.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal Product or Service</b> Student	<b>5a. City and State where unit is located:</b> Greenville, RI 02828
<b>6b. Description of Unit Involved:</b> Included: See attachment Excluded: See attachment		<b>6a. Number of Employees in Unit:</b> 43  <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) \_\_\_\_\_ 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> None	<b>8b. Address:</b>
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<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?** 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 6b 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 an election in this matter, state your position with respect to any such election: \_\_\_\_\_  
**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 251	<b>12b. Address (street and number, city, State and ZIP code):</b> 121 Brightbridge Avenue, East Providence, RI 02914
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters

<b>12d. Tel. No.</b> 401-434-0454	<b>12e. Cell No.</b> 401-965-2024	<b>12f. Fax No.</b> 401-431-1893	<b>12g. E-Mail Address</b>
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<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> Marc Gursky/ Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 1130 Ten Rod Road, C-207, North Kingstown, RI 02852

<b>13c. Tel. No.</b> 401-294-4700	<b>13d. Cell No.</b> 401-580-3402	<b>13e. Fax No.</b> 401-294-4702	<b>13f. E-Mail Address</b> mgursky@rilaborlaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Michael Simone	<b>Signature</b> 	<b>Title</b> Organizer/Trustee	<b>Date</b> 9/29/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will not release this information to the public or to any other entity except as required by law or as authorized by the NLRB.



## Attachment

### 5b. Description of Unit Involved:

Included: All full-time and regular part-time bus drivers, monitors and aides employed by the employer at its 10 Lark Industrial Drive, Greenville, RI facility.

Excluded: All other employees, office and clerical employees, dispatchers, mechanics, guards, managers and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

01-RD-266362

Date Filed

9/21/2020

**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: 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.**

<b>2a. Name of Employer</b> Penske		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 10 shoham road CT East Windsor 06088-	
<b>3a. Employer Representative - Name and Title</b> Joe Byrka		<b>3b. Address (If same as 2b - state same)</b> 10 shoham road CT East Windsor 06088-	
<b>3c. Tel. No.</b> (860) 508-6124	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Joseph.byrka@penske.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Auto & Truck Parts		<b>4b. Principal product or service</b> maintenance of trucks	
<b>4c. City and State where unit is located:</b> East Windsor, CT		<b>5a. City and State where unit is located:</b> East Windsor, CT	
<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>6a. No. of Employees in Unit:</b> 13  <b>6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?</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</b> 671 teamsters David lucas president		<b>8b. Address</b> 22 britton drive CT Bloomfield 06002-	
<b>8c. Tel No.</b> (860) 242-3200	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (860) 769-6711	<b>8f. E-Mail Address</b> Dlucas@teamsters671.com
<b>8g. Affiliation, if any</b> international brotherhood of teamsters		<b>8h. Date of Recognition or Certification</b> 11/30/2020	

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

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

<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>11b. Election Date(s):</b> 11/19/20				<b>11c. Election Time(s):</b> 1pm-4pm			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail				<b>11d. Election Location(s):</b> 10 shoham road east windsor CT			
<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)				<b>12b. Address (state, and ZIP code)</b> (b) (6), (b) (7)(C)			
<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> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<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> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date</b> 09/21/2020 10:34:18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

Employees Included  
13

Employees Excluded  
0

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

01-RD-266513

Date Filed

9/23/2020

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

**2a. Name of Employer**  
DURHAM SCHOOL SERVICES

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1 JOHN C DEAN MEMORIAL BLVD.  
RI CUMBERLAND 02864-

**3a. Employer Representative - Name and Title**  
ARMANDO FERREIRA MANAGER

**3b. Address (If same as 2b - state same)**  
1 JOHN C DEAN MEMORIAL BLVD.  
RI CUMBERLAND 02864-

**3c. Tel. No.**  
(401) 334-3745

**3d. Cell No.**

**3e. Fax No.**  
(401) 334-3775

**3f. E-Mail Address**  
AFERREIRA@DURHAMSSCHOOLSERVICES.COM

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

**4b. Principal product or service**  
TRANSPORTATION OF SCHOOL CHILDREN

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

**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:**  
139

**6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** Yes ☒ 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**  
UFCW LOCAL 328 SAM MARVIN UNKNOWN

**8b. Address** 278 SILVER SPRING ST.  
RI PROVIDENCE 02904-

**8c. Tel No.**  
(401) 861-0300

**8d. Cell No.**

**8e. Fax No.**  
(401) 331-7965

**8f. E-Mail Address**  
SAM@UFCW328.ORG

**8g. Affiliation, if any**  
UFCW

**8h. Date of Recognition or Certification**  
09/19/2019

**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 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.

**11b. Election Date(s):**  
10/29/2020

**11c. Election Time(s):**  
9AM-7PM

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

**11d. Election Location(s):**  
MEETING ROOM AT CUMBERLAND YARD

**12a. Full Name of Petitioner:** (b) (6), (b) (7)(C)

**12b. Address (street and number, city, state, and ZIP code)**  
(b) (6), (b) (7)(C)

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** (b) (6), (b) (7)(C) -

**12d. Tel No.**  
(b) (6), (b) (7)(C)

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
(b) (6), (b) (7)(C)

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

**13a. Name and Title**

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

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

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

**Name (Print)**  
(b) (6), (b) (7)(C)

**Signature**  
(b) (6), (b) (7)(C)

**Title**  
(b) (6), (b) (7)(C)

**Date**  
09/23/2020 12:11:45

**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  
BUS DRIVERS AND MONITORS

Employees Excluded  
0

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
01-RD-266718

Date Filed  
9-28-2020

**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: 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.

<b>2a. Name of Employer</b> DURHAM SCHOOL SERVICES		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1 JOHN C DEAN MEMORIAL BLVD RI CUMBERLAND 02864-	
<b>3a. Employer Representative - Name and Title</b> ARMANDO FERREIRA MANAGER		<b>3b. Address (If same as 2b - state same)</b> 1 JOHN C DEAN MEMORIAL BLVD RI CUMBERLAND 02864-	
<b>3c. Tel. No.</b> (401) 334-3745	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (401) 334-3775	<b>3f. E-Mail Address</b> AFERREIRA@DURHAMSSCHOOLSERVICES.COM

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> Transportation	<b>4b. Principal product or service</b> TRANSPORTATION OF SCHOOL CHILDREN	<b>5a. City and State where unit is located:</b> Cumberland, RI
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<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>6a. No. of Employees in Unit:</b> 139  <b>6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**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> UFCW LOCAL 328 SAM MARVIN UNKNOWN		<b>8b. Address</b> 278 SILVER SPRING ST RI PROVIDENCE 02904-	
<b>8c. Tel No.</b> (401) 861-0300	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (401) 331-7965	<b>8f. E-Mail Address</b> SAM@UFCW328.ORG
<b>8g. Affiliation, if any</b> UFCW		<b>8h. Date of Recognition or Certification</b> 09/19/2019	<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?** No \_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

<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>11b. Election Date(s):</b> 11/05/2020	<b>11c. Election Time(s):</b> 9AM-7PM	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail <b>11d. Election Location(s):</b> MEETING ROOM AT CUMBERLAND YARD
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<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)	<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> (b) (6), (b) (7)(C) -	

<b>12d. Tel No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<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> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date</b> 09/28/2020 08:02:48
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

Employees Included  
DRIVERS AND MONITORS

Employees Excluded  
0

DO NOT WRITE IN THIS SPACE	
Case	Date Filed