

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-247530

Date Filed

9/3/2019

**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.

**2a. Name of Employer:**

WIS International

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

6414 Bay Parkway #2 Brooklyn NY 11204

**3a. Employer Representative - Name and Title:**

Jim Ross - President/CEO

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

9265 Sky Park Court Suite 100 San Diego CA 92123

**3c. Tel. No.**

858-565-8111

**3d. Cell No.**

718-513-0387

**3e. Fax No.**

858-492-2751

**3f. E-Mail Address**

n/a

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

Inventory and data collection

**4b. Principal Product or Service**

Inventory counting services

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

within the 5 boroughs of New York

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

All full time and regular part-time inventory associate, counter, driver and lead person

**Excluded:**

All office personnel, supervisors, managers and guards as defined in the act.

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

100

**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) 08/28/2019 and Employer declined recognition

on or about (Date) no reply (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)**

n/a

**8b. Address:**

n/a

**8c. Tel. No.**

n/a

**8d. Cell No.**

n/a

**8e. Fax No.**

n/a

**8f. E-Mail Address**

n/a

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

n/a

**8h. Date of Recognition or Certification**

n/a

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

n/a

**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) n/a, has picketed the Employer since (Month, Day, Year) n/a

**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)**

n/a

**10a. Name**

n/a

**10b. Address**

n/a

**10c. Tel. No.**

n/a

**10d. Cell No.**

n/a

**10e. Fax No.**

n/a

**10f. E-Mail Address**

n/a

**11. Election Details:** If the NLRB conducts 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):**

09/13/2019

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

n/a

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

mail ballot

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

warehouse production sales local 811 AFL-CIO

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

534 3rd Avenue Brooklyn NY 11215

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

International Union of Allied Novelty and Production Workers AFL-CIO

**12d. Tel. No.**

718-333-5476

**12e. Cell No.**

n/a

**12f. Fax No.**

718-333-5482

**12g. E-Mail Address**

kevinmerced811@gmail.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****13a. Name and Title:**

Kevin Merced - President

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

534 3rd Avenue Brooklyn NY 11215

**13c. Tel. No.**

718-333-5476

**13d. Cell No.**

n/a

**13e. Fax No.**

718-333-5482

**13f. E-Mail Address**

kevinmerced811@gmail.com

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

Kevin Merced

**Signature****Title**

President

**Date**

08/28/19

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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


29-RC-247635

Date Filed

9/5/2019

**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> Five Star Carting, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 860 Humboldt Street Brooklyn, NY 11222	
<b>3a. Employer Representative - Name and Title:</b> Anthony Tristani		<b>3b. Address (if same as 2b - state same):</b> 58-35 47th Street Maspeth, NY 11378	
<b>3c. Tel. No.</b> (718) 349-7555	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Waste Management		<b>4b. Principal Product or Service</b> Waste Management Services	<b>5a. City and State where unit is located:</b> Brooklyn, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and part-time employees <b>Excluded:</b> Clerical and professional employees, guards, supervisors			<b>6a. Number of Employees in Unit:</b> 130-150 <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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> LIFE Local 890		<b>8b. Address:</b> 325 73rd Street, Brooklyn, NY 11209	
<b>8c. Tel. No.</b> (718) 238-2399	<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> 5/1/2020
<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) _____, 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>	<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> Any weekday (M-F)		<b>11c. Election Time(s):</b> 4AM-12PM	
		<b>11d. Election Location(s):</b> Company facility	
<b>12a. Full Name of Petitioner (including local name and number):</b> Waste Material, Recycling, and General Industrial Laborers' Local 108		<b>12b. Address (street and number, city, State and ZIP code):</b> 121 E 24 Street New York, NY 10010	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Laborers' International Union of North America, AFL-CIO			
<b>12d. Tel. No.</b> (212) 925-9634	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<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> Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 8th Avenue, Suite 650 New York, NY 10018	
<b>13c. Tel. No.</b> (212) 452-9451	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> trosenblum@masontenders.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> Tamir Rosenblum	<b>Signature</b> 	<b>Title</b> General Counsel	<b>Date</b> 9/4/2019

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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


29-RC-247654

Date Filed

9/5/19

**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> Crown Waste Corp.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 299 Garden Street, Westbury, NY	
<b>3a. Employer Representative - Name and Title:</b> Chris Antonacci		<b>3b. Address (if same as 2b - state same):</b> 1 Plainview Road Bethpage, NY 11714	
<b>3c. Tel. No.</b> (516) 827-5060	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Waste Management		<b>4b. Principal Product or Service</b> Waste Management Services	<b>5a. City and State where unit is located:</b> Westbury, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and part-time employees <b>Excluded:</b> Clerical and professional employees, guards, supervisors			<b>6a. Number of Employees in Unit:</b> 10 <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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> USWU Local 339 (IUJAT)		<b>8b. Address:</b> 138-50 Queens Boulevard Briarwood, NY 11435	
<b>8c. Tel. No.</b> (718) 658-4848	<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 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>	<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> Any weekday		<b>11c. Election Time(s):</b> Weekday 4AM-8AM	
<b>11d. Election Location(s):</b> Company facility in Westbury, NY			
<b>12a. Full Name of Petitioner (including local name and number):</b> Waste Material, Recycling, and General Industrial Laborers' Local 108		<b>12b. Address (street and number, city, State and ZIP code):</b> 121 E 24 Street New York, NY 10010	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Laborers' International Union of North America, AFL-CIO			
<b>12d. Tel. No.</b> (212) 925-9634	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<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> Tamir Rosenblum, Esq., General Counsel Mason Tenders District Council of Greater New York		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 8th Avenue, Suite 650 New York, NY 10018	
<b>13c. Tel. No.</b> (212) 452-9451	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> troosenblum@masontenders.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> Tamir Rosenblum	<b>Signature</b> 		<b>Title</b> General Counsel
			<b>Date</b> 9/4/2019

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

## PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


29-RC-247891

Date Filed

9/10/2019

**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> Staten Island University Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> See Addendum A.	
<b>3a. Employer Representative - Name and Title:</b> Antoinette Henderson Manager, Labor & Employee Relations		<b>3b. Address (if same as 2b - state same):</b> Staten Island University Hospital, 475 Seaview Avenue, 2nd Floor Staten Island, NY 10305	
<b>3c. Tel. No.</b> (718) 226-8376	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (718) 226-8324	<b>3f. E-Mail Address</b> anthenderson@northwell.edu
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> hospital		<b>4b. Principal Product or Service</b> healthcare	<b>5a. City and State where unit is located:</b> Staten Island, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Addendum A. <b>Excluded:</b> See Addendum A.		<b>6a. Number 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> <input checked="" type="checkbox"/> Yes <input 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 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>	
<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> <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>	<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> October 1, 2 or 3, 2019		<b>11c. Election Time(s):</b> See Addendum A.	<b>11d. Election Location(s):</b> See Addendum A.
<b>12a. Full Name of Petitioner (including local name and number):</b> New York State Nurses Association		<b>12b. Address (street and number, city, State and ZIP code):</b> 131 West 33rd Street, 4th Floor, New York, New York 10001	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> none			
<b>12d. Tel. No.</b> 212-785-0157	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<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> Kate M. Swearingen, attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Cohen, Weiss and Simon LLP 900 Third Avenue, Suite 2100 New York, New York 10022	
<b>13c. Tel. No.</b> 212-356-0272	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 646-473-8272	<b>13f. E-Mail Address</b> kswearingen@cwsny.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> Kate M. Swearingen	<b>Signature</b> 	<b>Title</b> attorney	<b>Date</b> 9/9/2019

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

## PRIVACY ACT STATEMENT

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## **Addendum A**

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, Zip code):**

- 242 Mason Avenue, Staten Island, NY 10305
- 242 C Mason Avenue, Staten Island, NY 10305
- 256 Mason Avenue, Staten Island, NY 10305
- 475 Seaview Avenue, Staten Island, NY 10305
- 78 Meitner Avenue, Staten Island, NY 10305
- 465 New Dorp Lane, Staten Island, NY 10306

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

**Included:** All Nurse Practitioners performing patient care duties, residual to the existing unit of Registered Nurses described in the scope clause of the collective bargaining agreement between the Union and the Employer.

**Excluded:** Flex Nurse Practitioners, Nurse Practitioners employed in the Employer's Employee Health Department, and statutory supervisors.

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

Three shifts, at 5:30 a.m.-8:30 a.m., 12:00 p.m.-2:00 p.m., and 5:00 p.m.-8:00 p.m.

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

Regina M. McGinn Education Center, 475 Seaview Avenue, Staten Island, NY 10305



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-248154

Date Filed

9/13/19

**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.**

**2a. Name of Employer:**

YogaWorks

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

5780 Uplander Way, Culver City, CA, 90230

**3a. Employer Representative - Name and Title:**

Carla J. Gatza, SVP People and Culture

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

Same

**3c. Tel. No.**

(424) 207-2104

**3d. Cell No.**

Unknown

**3e. Fax No.**

Unknown

**3f. E-Mail Address**

carlag@yogaworks.com

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

Yoga Studio

**4b. Principal Product or Service**

Yoga Instruction

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

Brooklyn, New York

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

All regularly-scheduled teachers and teacher instructors

**Excluded:**

All supervisors, office clerical, professionals, and guards as defined in the Act

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

100

**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)** 9/9/2019 **and Employer declined recognition**  
on or about (Date) No reply (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):**

Ballots mailed October 3, 2019

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

N/A

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

N/A

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

International Association of Machinists and Aerospace Workers, District Lodge 15, AFL-CIO

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

652 Fourth Avenue, Brooklyn, NY 11232

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

International Association of Machinists and Aerospace Workers, AFL-CIO

**12d. Tel. No.**

(646) 926-2910

**12e. Cell No.**

(646) 245-2009

**12f. Fax No.**

(646) 902-5720

**12g. E-Mail Address**

ddimaria@iamaw.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****13a. Name and Title:**

Nicholas A. Scotto, Special Representative

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

26 Court St, Ste 1710, Brooklyn, NY 11242

**13c. Tel. No.**

(929) 226-1724

**13d. Cell No.**

(631) 219-4116

**13e. Fax No.**

(646) 902-5720

**13f. E-Mail Address**

nscotto@iamaw.org

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

Nicholas A. Scotto

**Signature****Title**

Special Representative

**Date**

9/12/2019

**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.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-248552

Date Filed

9/20/2019

**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.**

2a. Name of Employer Platinum Amenity Services LTD		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 146 South 4th Street, Brooklyn, NY, 11211	
3a. Employer Representative - Name and Title Joel Berkovic		3b. Address (if same as 2b - state same) 1370 60th Street, Brooklyn, NY 11219	
3c. Tel. No. 212-235-5474	3d. Cell No.	3e. Fax No. 212-235-5475	3f. E-Mail Address JB@pbsfacilityservice.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	5a. City and State where unit is located: Brooklyn, NY 11211
5b. Description of Unit Involved <b>Included:</b> All building service workers <b>Excluded:</b> Statutory guards and supervisors			6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ 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):  
Nearest Monday  
11c. Election Time(s):  
2:30pm-3:30pm  
11d. Election Location(s):  
Employee break-room

12a. Full Name of Petitioner (including local name and number)  
SEIU LOCAL 32BJ  
12b. Address (street and number, city, state, and ZIP code)  
25 West 18th Street New York, N.Y. 10011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
SEIU LOCAL 32BJ

12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No.	13f. E-Mail Address Klocke@seiu32bj.org

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

Name (Print) Katchen Locke	Signature	Title	Date
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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



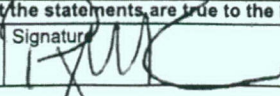
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
29-RC-249038Date Filed  
9-30-19

**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> Maker Stables, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Belmont Park - 2150 Hempstead Tpke. Elmont NY 11003	
<b>3a. Employer Representative - Name and Title:</b> Mark Maker - Employer		<b>3b. Address (if same as 2b - state same):</b> 1200 Envoy Circle #1204 Louisville Kentucky 40299	
<b>3c. Tel. No.</b> (502)548-4280	<b>3d. Cell No.</b> (516)770-0606	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> info@mikemaker.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Horse Racing Stable		<b>4b. Principal Product or Service</b> Horse Racing	
<b>5a. City and State where unit is located:</b> Elmont, NY		<b>5b. Description of Unit Involved:</b> Included: All full time and regular part time Grooms and Hot Walkers Excluded: All Supervisors, Guards and Clerical Employees, as defined in the Act	
<b>6a. Number of Employees in Unit:</b> 12		<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) 9/19/19 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> October 7 or 14, 2019	<b>11c. Election Time(s):</b> 8:30am-9:30am	<b>11d. Election Location(s):</b> Mike Maker office - Barn 59	
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 1922 IBEW, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 1065 Old Country Road, Suite 202 Westbury, NY 11590	
<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 Electrical Workers, AFL-CIO			
<b>12d. Tel. No.</b> (516)334-4140	<b>12e. Cell No.</b> (516)315-6017	<b>12f. Fax No.</b> (516)334-3019	<b>12g. E-Mail Address</b> ibew1922@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> Patrick J. McCabe - Business Manager		<b>13b. Address (street and number, city, State and ZIP code):</b> Same as Above	
<b>13c. Tel. No.</b> (516)334-4140	<b>13d. Cell No.</b> (516)315-6017	<b>13e. Fax No.</b> (516)334-3019	<b>13f. E-Mail Address</b> ibew1922@gmail.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> Patrick J. McCabe		<b>Signature</b> 	<b>Title</b> Business Manager
		<b>Date</b> 9/20/2019	

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.



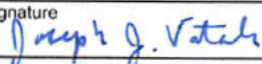
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-248957 Date Filed 9/27/19

**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> UOVO		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Queens Plaza 41-54 22nd St. Long Island City, NY 11101; 33 KINGS HWY Orangeburg, NY 10962 ; 100 BRADLEY PKWY Blauvelt, NY 10913	
<b>3a. Employer Representative - Name and Title:</b> Caroline Page-Katz, COO		<b>3b. Address (if same as 2b - state same):</b> Queens Plaza 41-54 22nd St., Long Island City, NY 11101	
<b>3c. Tel. No.</b> 212-265-3111	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> info@uovo.art
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Art Storage and Trucking Company		<b>4b. Principal Product or Service</b> Art Storage, Transport and Installation	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> all full-time and regular art handlers, truck drivers, dock receivers <b>Excluded:</b> managers, supervisors, account managers, receptionists, book keepers		<b>5a. City and State where unit is located:</b> various, NY <b>6a. Number of Employees in Unit:</b> 39 <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) 9/25/2019 and Employer declined recognition on or about (Date) 9/25/2019 (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>	
<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) _____, 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>		<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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> ASAP		<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> Local Union No. 814 Van Drivers, Packers and Furniture Handlers, Warehousemen's and Appliance Delivery Union		<b>12b. Address (street and number, city, State and ZIP code):</b> 195 Montague Street, 3rd Floor, Brooklyn, NY 11201	
<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> 718-609-6407	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 718-709-7758	<b>12g. E-Mail Address</b>
<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> Joseph J. Vitale, Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> Cohen, Weiss and Simon LLP, 900 3rd Ave., Ste. 2100, NY, NY 10022	
<b>13c. Tel. No.</b> 212-356-0238	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 646-473-8238	<b>13f. E-Mail Address</b> jvitale@cwsny.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> Joseph J. Vitale		<b>Signature</b> 	<b>Title</b> Counsel
		<b>Date</b> 9/25/19	

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. **29-RC-248960**

Date Filed **9/27/19**

**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> Platinum Amenity Services LTD		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 220 North 10 Street, Brooklyn, NY, 11211	
<b>3a. Employer Representative - Name and Title</b> Joel Berkovic		<b>3b. Address</b> (If same as 2b - state same) 1370 60th Street, Brooklyn, NY, 11211	
<b>3c. Tel. No.</b> 212-235-5474	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 212-235-5475	<b>3f. E-Mail Address</b> JB@pbsfacilityservice.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Residential building		<b>4b. Principal product or service</b> Building services	
<b>5a. City and State where unit is located:</b> Brooklyn, NY 11211		<b>5b. Description of Unit Involved</b> Included: All building service workers Excluded: Statutory guards and supervisors	
<b>6a. No. of Employees in Unit:</b> 7		<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). 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</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)**  
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.

<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> Nearest Monday	<b>11c. Election Time(s):</b> 2:30pm-3:30pm	<b>11d. Election Location(s):</b> Employee break-room
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<b>12a. Full Name of Petitioner (including local name and number)</b> SEIU LOCAL 32BJ	<b>12b. Address (street and number, city, state, and ZIP code)</b> 25 West 18th Street New York, N.Y. 10011
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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)**  
SEIU LOCAL 32BJ

<b>12d. Tel No.</b> 212 388-3800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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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> Katchen Locke, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 25 W. 18th Street, New York, NY, 10011	
<b>13c. Tel No.</b> 212 539 2941	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> Klocke@seiu32bj.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> Katchen Locke	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 9/25/19
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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.