

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

DO NOT WRITE IN THIS SPACE

Case No. **29-RC-259959** Date Filed **5/5/2020**

**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> Hallets Cove Condominium		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 369 Willis Avenue, Mineola, New York 11501-1842	
<b>3a. Employer Representative - Name and Title</b> Edgar Ortiz, Property Manager		<b>3b. Address (If same as 2b - state same)</b> EBMG, 79 Madison Avenue, New York, New York 10016	
<b>3c. Tel. No.</b> 212-335-2723	<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> Residential condominium		<b>4b. Principal product or service</b> Building service and maintenance	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time porters, doorpersons, weekend porters, weekend doorpersons, concierges and superintendents employed at 30-85 Vernon Boulevard, Astoria, New York 11107 <b>Excluded:</b> All office clerical employees, professional employees, managers, guards and supervisors as defined in the Act.		<b>5a. City and State where unit is located:</b> Astoria, New York	
		<b>6a. No. of Employees in Unit:</b> 6	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** 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 known

<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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> June 5, 2020	<b>11c. Election Time(s):</b> 2:00 p.m. to 4:00 p.m.	<b>11d. Election Location(s):</b> Basement area in the building at 30-85 Vernon Boulevard, Astoria, New York, NY
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**12a. Full Name of Petitioner (including local name and number)**  
Stationary Engineers, Firemen, Maintenance and Building Service Union Local 670

**12b. Address (street and number, city, state, and ZIP code)**  
299 Broadway, Suite 1000, New York, New York 10007

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Retail, Wholesale and Department Store Union, United Food and Commercial Workers, AFL-CIO

<b>12d. Tel No.</b> 212-267-8650	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-385-0202	<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.**

**13a. Name and Title** Eric J. LaRuffa - Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
Rothman Rocco LaRuffa LLP, 3 W. Main Street, Suite 200, Elmsford, New York 10523

<b>13c. Tel No.</b> 914-478-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 914- 478-2913	<b>13f. E-Mail Address</b> elaruffa@rothmanrocco.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> Eric J. LaRuffa	<b>Signature</b>	<b>Title</b> Attorney	<b>Date</b> May 3, 2020
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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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **29-RC-260849** Date Filed **5/27/20**

**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.**

**2a. Name of Employer**  
\*See attached  
**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
369 Willis Avenue, Mineola, New York 11501-1842

**3a. Employer Representative - Name and Title**  
Edgar Ortiz, Property Manager  
**3b. Address (If same as 2b - state same)**  
EBMG, 79 Madison Avenue, New York, New York 10016

**3c. Tel. No.** 212-335-2723  
**3d. Cell No.**  
**3e. Fax No.**  
**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Residential condominium  
**4b. Principal product or service** Building service and maintenance  
**5a. City and State where unit is located:** Astoria, New York

**5b. Description of Unit Involved**  
**Included:** All full-time and regular part-time porters, doorpersons, weekend porters, weekend doorpersons, concierges and superintendents employed at 30-85 Vernon Boulevard, Astoria, New York 11107  
**Excluded:** All office clerical employees, professional employees, managers, guards and supervisors as defined in the Act.  
**6a. No. of Employees in Unit:** 6  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

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

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

**8c. Tel No.** **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

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

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

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

**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):** June 5, 2020 **11c. Election Time(s):** 2:00 p.m. to 4:00 p.m.  
**11d. Election Location(s):** Basement area in the building at 30-85 Vernon Boulevard, Astoria, New York, NY

**12a. Full Name of Petitioner (including local name and number)** Stationary Engineers, Firemen, Maintenance and Building Service Union Local 670  
**12b. Address (street and number, city, state, and ZIP code)** 299 Broadway, Suite 1000, New York, New York 10007

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Retail, Wholesale and Department Store Union, United Food and Commercial Workers, AFL-CIO

**12d. Tel No.** 212-267-8650 **12e. Cell No.** **12f. Fax No.** 212-385-0202 **12g. E-Mail Address**

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

**13a. Name and Title** Eric J. LaRuffa - Attorney  
**13b. Address (street and number, city, state, and ZIP code)** Rothman Rocco LaRuffa LLP, 3 W. Main Street, Suite 200, Elmsford, New York 10523

**13c. Tel No.** 914-478-2801 **13d. Cell No.** **13e. Fax No.** 914-478-2913 **13f. E-Mail Address** elaruffa@rothmanrocco.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)** Eric J. LaRuffa **Signature** **Title** Attorney **Date** May 26, 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 will cause the NLRB to decline to invoke its processes.

\*Name of Employer:

Hallets Cove Condominium

369 Willis Avenue

Mineola, New York 11501-1842

P: 212-335-2723

Edgar Ortiz, Property Manager

and

EBMG

79 Madison Avenue

New York, New York 10016

Edgar Ortiz, Property Manager



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

29-RC-260969

Date Filed

5/29/20

**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.

**2a. Name of Employer**

BRINK'S GLOBAL SERVICES USA, INC.

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

580 Fifth Ave Suite 400  
NY New York 10036-

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

Michael A Armstrong

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

580 Fifth Ave Suite 400  
NY New York 10036-

**3c. Tel. No.**

(212) 704-5205

**3d. Cell No.**

(917) 577-2724

**3e. Fax No.**

(212) 704-5244

**3f. E-Mail Address**

michael.armstrong@brinksinc.com

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

**4b. Principal product or service**

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

Springfield Gardens, NY

**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:**  
33

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

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

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

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

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

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

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

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

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
June 15, 2020

**11c. Election Time(s):**  
7:00 AM to 10:00 AM and 4:00 PM to 8:00 PM

**11d. Election Location(s):**  
Upper Floor Conference Room Located At 184-45 147 h Ave Ste 101, S

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

Steve Maritas  
Law Enforcement Officers Security Unions LEOSU, LEOS-PBA

**12b. Address (street and number, city, state, and ZIP code)**  
P.O. Box 562  
NY North Bellmore 11710-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

**12d. Tel No.**

(800) 516-0094

**12e. Cell No.**

(202) 486-8558

**12f. Fax No.**

(202) 595-3510

**12g. E-Mail Address**

Leosunions@gmail.com

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

**13a. Name and Title**

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

**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)**

Steve Maritas

**Signature**

Steve Maritas

**Title**

Organizing Director

**Date**

05/27/2020 14:13:14

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

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-260969	Date Filed 5/29/20

#### Employees Included

All full-time and regular part-time drivers and messengers performing guard functions as defined by Section 9(b)(3) of the Act, employed by the Employer at its facility located in election location.

#### Employees Excluded

Managerial employees, office employees, salaried maintenance employees, accounting employees, employees performing guard functions as defined by Section 9(b)(3) of the Act, who do not have a job title of driver or messenger and supervisors as defined in the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

29-RC-261048

Date Filed

5/29//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.**

**2a. Name of Employer**  
St. Charles Hospital

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
200 Belle Terre Road, Port Jefferson, NY 11777

**3a. Employer Representative - Name and Title**  
Maureen Morris, Vice President, Human Resources

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

**3c. Tel. No.**  
631-474-6100

**3d. Cell No.**

**3e. Fax No.**  
631-476-5599

**3f. E-Mail Address**  
maureen.morris@chsli.org

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

**4b. Principal product or service**  
health care

**5a. City and State where unit is located:**  
Port Jefferson, New York

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time, including per-diem\*, technical employees employed by the Employer at its facility located at 200 Belle Terre Road, Port Jefferson, NY.  
\*Eligible to vote are all employees in the unit who worked an average of at least four (4) hours per week for the 13 weeks preceding the eligibility date.

**Excluded:** All other employees, professional employees, service employees, skilled maintenance employees, business office clerical employees, confidential employees, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
approximately 150

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

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

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

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

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

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

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

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
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 to be mailed June 18, 2020

**11c. Election Time(s):**  
N/A

**11d. Election Location(s):**  
N/A

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

**12b. Address (street and number, city, state, and ZIP code)**  
100 Duffy Ave, Suite 300W, Hicksville, NY 11801 attn: David Greenberg

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

**12d. Tel. No.**

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
davidg@1199.org

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

**13a. Name and Title**  
Kent Y. Hirozawa

**13b. Address (street and number, city, state, and ZIP code)**  
Gladstein, Reif & Meginniss, LLP, 39 Broadway, Suite 2430, New York, NY 10006

**13c. Tel. No.**  
212-228-7727

**13d. Cell No.**  
212-228-8150 direct

**13e. Fax No.**  
212-228-7654

**13f. E-Mail Address**  
khirozawa@gmny.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)**  
Kent Y. Hirozawa

**Signature**

**Title**  
Attorney

**Date**  
May 29, 2020

**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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FORM NLRB-502 (RD)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
29-RD-259840	May 1, 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of a \_\_\_\_\_ years 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 Moran Towing Corp.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2015 Richmond Terrace Staten Island, NY 10302	
3a. Employer Representative - Name and Title Peter Keyes		3b. Address (If same as 2b - state same) 50 Locust Avenue New Canaan, CT 06840	
3c. Tel. No. (203) 247-1279	3d. Cell No.	3e. Fax No.	3f. E-Mail Address pkkeyes@morantug.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Marine towing and ship assist		4b. Principal product or service Marine towing	
5b. Description of Unit Involved <b>Included:</b> Mates, Chief Mates, Chief Engineers and AB/OS Deadhands employed by the Employer and based out of the Employer's facility located at 2015 Richmond Terrace, Staten Island, New York <b>Excluded:</b> All other employees, including Captains, office clerical workers, guards and supervisors, as defined by the Act		5a. City and State where unit is located; 8a. No. of Employees in Unit 192 8b. 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 [X] 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 International Organization of Masters, Mates and Pilots, ILA/AFL-CIO		8b. Address 700 Maritime Blvd., Suite B Lithium Heights, MD 21090-1953	
8c. Tel. No. (410) 850-8700	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any IQMMP, ILA/AFL-CIO		8h. Date of Recognition or Certification July 1, 2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 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)  
Seafarers International Union, AFL-CIO

10a. Name Ryan Henderson Ray	10b. Address 5201 Auth Way Camp Springs, MD 20746	10c. Tel. No. (301) 899-0675	10d. Cell No. (718) 401-4442
		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): ASAP  
11c. Election Time(s): N/A  
11d. Election Location(s):

12a. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) NONE	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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12c. Tel. No. (b) (6), (b) (7)(C)	12d. Cell No. (b) (6), (b) (7)(C)	12e. Fax No. (b) (6), (b) (7)(C)
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13. Name of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) an individual SAME AS ABOVE		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
13c. Tel. No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE

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

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title An individual	Date 3/5/20
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