ORM NLRB-502 (RC) (4-15)

UNITED STATES	DO NOT WRITE IN THIS SPACE								
RC P E T	^{CaseNo} 16-RC	aseNo 6-RC-240613							
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , 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 <u>not</u> be served on the employer or any other party.									
1. PURPOSE OF THIS PETITIONRC-CER bargaining by Petitioner and Petitioner desire National Labor Relations Board proceed un	es to be certifie	d as representative of the	e employee	s. The Petitioner	alleges that the follow				
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) DYNCORP HANGER 57 FLIGHT LINE AVE D, CORPUS CHRISTI, TX 78418									
3a. Employer Representative - Name ar CURTIS REED, SITE MA	NAGER		(S/	AME AS ABO	2b - state same) OVE)				
3c.Tel. No. 361-939-7797	3d. Cell No.		3e. Fax 36	(No. 1-271-8866	5		Mail Addr TIS.RE	EED@DYN-INTL.COM	
4a. Type of Establishment (Factory, mine, w MAINTENANCE CONTROL						5a		d State where unit is located: CAMPBELL, KY	
5b. Description of Unit Involved Included: 6a. No. of Employees in Unit: ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: MAINTENANCE CONTROLLERS, T6 AIRCRAFT, T44 AIRCRAFT WORKERS. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No									
	if no reply re-	ceived, so state). Bargaining Representa				<u>anition</u> a	and Empl	loyer declined recognition on or	
Bc. Tel. No. N/A	8d. Cell No. N/A		8e. Fax N/A			8f. E-N	Mail Addr	ress	
8g. Affiliation, if any N/A				of Recognition or	Certification	81. Exp	iration Da dt, if any	ale of Current or Most Recent (Month, Day. Year)	
9 Is there now a strike or picketing at the Er (Name of labor organization)	, has picl	eted the Employer since (Month, Day,	Year)	oximately how many	employe	es are p		
10. Organizations or individuals other than F known to have a representative interest in an						sentative	s and ot	ther organizations and individuals	
10a. Name	10b.	Address			10c. Tel. No N/A	10d. Cell No. N/A			
N/A		N/A	daa ah aa		10e. Fax No. N/A			10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts an el any such election				spectio	11a. Election Ty	Ma	ail 🗌	Mixed Manual/Mail	
11b. Election Date(s): MAY 21, 2019		Election T me(s): 0AM - 7:00AM 8	& 2:30PM	M-3:00PM	AVENUE D HA	ANGE		T-6 BREAKROOM, 4418	
12 a. Full Name of Petitioner (including local nam IAMAW, AFL-CIO					690 E. LAMAR			ty, state, and ZIP code) 5 580, ARLINGTON, TX 76011	
12c. Full name of national or international lat INTERNATIONAL ASSOCIA						-CIO			
817-505-0100	12e. Cell No.			-459-0107		12g. E-I	Mail Add	dress	
 Representative of the Petitioner who will accept 13a. Name and Title 	t service of all p	apers for purposes of the			er, cty, state, and ZIP cod	(e)			
JAMES R. LITTLE - GRAND LODGE SPE		SENTATIVE					RLING	TON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7	335	13e. Fax			13d. E-	Mail Add		
I declare that I have read the above Petition and the							, , LL(U		
Name (Print) Signa	atyre 1	40		Title		_		TE	
JAMES R. LITTLE	MENTS ON T	IS PETITION CAN DE	PUNICHE				_	05/01/2019	
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INSTRUCTIONS: Unless + Filed using the Agency's website, yowe.nth.gov, submit an original of this Petition on NLRB 40ftes in the Region in which the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form of services showing services on the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form of the MRB 4001; and (2) Description of Representation Case Procedures (Form NLRB 472). The showing of interest should only be filed with the NLRB 4810 at Labor Relations Board proceedures (Form NLRB 4812). The showing of interest should be filed with the NLRB 4810 at Labor Relations Board proceedures (Form NLRB 4812). The showing of interest should be represented by payment of collective requests that the National Labor Relations Board proceedures to be control as inpresentation to section 3 of the National Labor Relation Relation Relations Board proceedures (Form NLRB 4812). The showing of interest should cabor Relations Relat		ARD					
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 services howing service on the employer and all other parties named in the petition of (f) the petition; (f) Statement of Position form (Form NLRB 4512). The showing of interest should only be filed with the LRB and should ng be served on the employer and and the petitions of (f) the petition; (f) Statement of Position form (f) form (f) Position;							
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 56); and (3) Description of Representation Case Procedures (Form NLRB 47); The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. TURPOSE OF THIS FETTION F. CENTRIFICATION OF REPRESENTATION: A substantial number of employees with to be represented to proposes of collective languages that the should not be served on the employeer or any other party. TAR News 8 Employee TAR							
If Grom NLRB 500; and (3) Description of Representation Case Procedures (Form NLRB 42(2). The showing of Interest should only be filed with the ILRB and should pote be served on the employer or any other party. I PURPOSE OF THIS FETTION RCCERTIFICATION OF REPRESENTATIVE - A substantial number of employees with to be represented to purposes of collective barganing by Perspectative Name and Title							
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1 PURPOSE OF THIS FETTOM. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees with to be represented for purposes of collective barganing by Petitioner and Petitioner destres to be extindence in the proper authority pursuant to Section 5 of the National Labor Relations Act. Durbans Shotd Services 200 Smith Control Collectioner Read 200 Smith Control Collectioner Read Durbans Shotd Services 200 Smith Control Collectioner Read 200 Smith Control Collectioner Read Statistication of the National Action Read 30 Cell No. 200 Smith Control Collectioner Read Statistication of the National Action Read 200 Smith Control Collectioner Read 200 Smith Control Collectioner Read Statistication of the National Action Read 200 Smith Control Collectioner Read 200 Smith Control Collectioner Read 200 Smith Control Collectioner Read Statistication Read 30 Cell No. 40 Principal product or service Statistication Read S	with the NLRB and should not be s	erved on the	employer or any	other party.	,	•	-
regists that the National Labor Relations Board proceed under its proper authority jursuant to Section 9 of the National Labor Relations Act. 2a. Name of Perpresentative - Name and Title 2205 Nation Comparison Compari	1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATIV	/E - A substantial number			
3a. Kame of Employer Durbans School Services 2b. Address(o) of Establishment(s) involved (Siteet and number, city, State, ZiP code) Durbans School Services 3a. Employer Representative – Name and Title Jacon Lowey 3b. Address(o) feature factors, mine, wholesaler, cit) ZiPCS Nuch (Convey) Clebume Road 3f. Cell No. 3e. First No. 2f. And Employer 2f. And Employer No. 2f. And Employer 2							
Durban School Services 2265 North Constry-Celsume Food 3.8. Employer Representative – Name and Tile 30.4. Address for same 32 - balance same) 3.8. Employer Representative – Name and Tile 30.4. Address for same 32 - balance same) 3.8. Employer Representative – Name and Tile 30.4. Address for same 32 - balance same) 3.8. Employer Representative – Name and Tile 30.4. Cell No. 3.8. Employer Representative – Name and Tile 31.E. Mail Address 3.6. Tel No. 31.E. Mail Address (17) 237-5345 Jower Mills Name 5.8. Org and State Wree unit is located. Fort Worth. XX 5.8. Address Page 2 for additional details 58. Org and State Wree unit is located. Check One:		ions Board prod					
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Jason Lowey_ 2205 Noth: Copyey-Clobume Road 25. Tel No. (817) 297 5946 31 Cell No. (917) 297 5945 31 E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc) 4b. Principal product or service Transportation 5a City and State where will it boated: Fort Worth. TX 5b. Description of Unit Involved Included: See Attached Page 2 to additional details 5a City and State where will it boated: To no service 5a No. of Engineers in Unit. To no service 6c RA No. of Engineers in Unit. To no service 5a City and State where will it boated: To no service in Unit. To no service in Unit. To no service in Unit. 5a No. of Engineers in Unit. To no service in Unit. To no service in Unit. To no prove of the emphyses in he. (Date) (ff no nep) received, so state) and Employer declined recognition on a about (Date) (ff no nep) received, so state) Check One: 7a. Request for trecognition as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (ff none, so state) 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f E-Mail Address 8g. Affiliation, if any 8f. Date of Recognized and requested in terms and a vicit har were presentatives and other organizations and individuals 9. Is there now a strike or pickeling at the Employer's establishimment(s) involved? If so, approximately how many employees are participating? (Mame		Title	TX		2h – state same)		
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Transportation School Bus Services Fort Workh. TX 5b. Description of Unit Involved Included: See Attached Page 2 for additional details Included: Included:<		holesaler, etc)	4b. Principal prod			5a. City a	and State where unit is located:
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Excluded: See Attached Page 2 for additional details unit wish to be represented by the petitioner? Yes [C] No.] Check One:							
Petitioner? Yes [✓] No [□] Check On: 7.a. Request for recognition as Bargaining Representative was made on (Date)	Excluded: See Attached Page 2 for addition	al details					
Check One: 7a. Request for recognition as Bargaining Representative was made on (Dale)	See Allacheu Fage 2 for addition	lai detalis					
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Ba. Name of Recognized or Certified Bargaining Agent (if none, so state). Bb. Address Bc. Tel No. Bd Cell No. Be: Fax No. Bf. E-Mail Address Bg, Affiliation, if any Bh. Date of Recognition or Certification Bf. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization)						• •	5
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(Name of labor organization)	9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involved?	If so, approx	imately how many emplo	vees are pa	rticipating?
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) 100. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10c. Tel. 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. 111. Election Type: [] Manual Mail Mail Mate Manual/Mail 11b. Election Details: If the NLRB conducts an election Time(s): 11c. Election Time(s): 11d. Election Loca ion(s): 12b. Address 10a mo 2 pm; 5 pm to 7 pm. Training Room 12c. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12c. Full Name of restional or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13l. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Cell No. 13d. Cell No. 13l. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13l. Te No. 13d. Cell No. 13d. Cell No							
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May 21, 2019 10 am to 2 pm; 5 pm to 7 pm. Training Room 12a. Full Name of Petitioner (<i>including local name and number</i>) Rick Miedema Teamsters Local 997 12b. Address (street and number, city, state, and ZIP code) 137. Sycamore School Road Suite 102 12c. Full name of national or international Borbnerhood of Teamsters 12e. Cell No. (817) 293-3782 12f. Fax No. (817) 229-0127 12f. Fax No. (817) 293-0127 12g. E-Mail Address rick miedema@teamsters997.com 13a. Name and Title David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P. 13d. Cell No. (214) 965-0090 13d. Cell No. (214) 965-0097 13g. Fax No. (214) 965-0097 13f. E-Mail Address dwatsky@lyongorsky.com I declare that I have read the above petition David Watsky Signature David K. Watsky Title Attorney Title Attorney Date 05/2/2019 10:46:20			is matter, state your	position marrespect to			
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Rick Miedema reamsters Local 997 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12d. Tel No. (817) 293-3782 12e. Cell No. (817) 229-0127 12f. Fax No. (817) 568-0525 12g. E-Mail Address rick.miedema@teamsters997.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 12b. Address (street and number, city, state, and ZIP code) 120. Notice for the Petitioner who will accept service of all papers for purposes of the representation proceeding. 12b. Address (street and number, city, state, and ZIP code) 120. Notice for the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 1201 North Central Expressiva Suite 650 TX Dallas 75243- 12f. Code) 121. Y Jalias 75243- 13f. E-Mail Address dwates dw						(S) :	
Rick Miedema reamsters local 997 137 Syrcamore School Road Suite 102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) International Brotherhood of Teamsters 12e. Cell No. (817) 293-3782 12e. Cell No. (817) 229-0127 12f. Fax No. (817) 568-0525 12g. E-Mail Address rick miedema@teamsters997.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 12001 North Central Expressive Suite 650 12f. E-Mail Address rick miedema@teamsters997.com 13a. Name and Title David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P. 13d. Cell No. (214) 965-0097 13d. Cell No. (214) 965-0097 13f. E-Mail Address rick miedema@teamsters997.com 13c. Tel No. (214) 965-0090 13d. Cell No. (214) 965-0097 13f. E-Mail Address dwatsky@lyongorsky.com 1 declare that I have read the above petitorum and that the statements are true to the best of my knowledge and belief. Date 05/2/2019 10:46:20	• •		1 1 1 1	m.	.	nd number	nity state and ZID code)
12c. Full name of national or international bar or organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address rick.miedema@teamsters997.com 12d. Tel No. (817) 293-3782 12e. Cell No. (817) 229-0127 12f. Fax No. (817) 568-0525 12g. E-Mail Address rick.miedema@teamsters997.com 13. Representative of the Petitioner wb will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P. 13b. Address (street and number, city, state, and ZIP code) 12001 North Central Expressive Suite 650 TX Dallas 75243- 13c. Tel No. (214) 965-0090 13d. Cell No. (214) 415-7913 13e. Fax No. (214) 965-0097 13f. E-Mail Address dwatsky@lyongorsky.com I declare that I have read the above petitorum and that the statements are true to the best of my knowledge and belief. Datie Name (Print) David K. Watsky Signature David K. Watsky Title Attorney Date 05/2/2019 10:46:20	Rick Miedema Teamsters Local 997	cai name anu m	uniber)		137 Sycamore School F TX Fort Worth 76134-50	load Suite 10	2
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P. 13d. Cell No. (214) 965-0090 (214) 415-7913 13e. Fax No. (214) 965-0097 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) Signature David K. Watsky Title Attorney 05/2/2019 10:46:20	12d. Tel No.	12e. Cell No.		12f. Fax No.	12	g. E-Mail Ad	dress
13a. Name and Title David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P. 13b. Address (street and number, city, state, and ZIP code) 12001 North Central Expressway Suite 650 TX Dallas 75243- 13c. Tel No. (214) 965-0090 13d. Cell No. (214) 965-0097 13f. E-Mail Address dwatsky@lyongorsky.com I declare that I have read the above petitore and that the statements are true to the best of my knowledge and belief. 13f. E-Mail Address dwatsky@lyongorsky.com Name (Print) David Watsky Signature David K. Watsky Title Attorney Date 05/2/2019 10:46:20	(817) 293-3782	(817) 229-0127		(817) 568-0525	ric	K.miedema@	gteamsters997.com
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(214) 965-0090 (214) 415-7913 (214) 965-0097 dwatsky@lyongorsky.com I declare that I have read the above petitional declare that the statements are true to the best of my knowledge and belief. Image: The peritonal declare that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title Date David Watsky David K. Watsky Attorney 05/2/2019 10:46:20	Lyon, Gorsky & Gilbert, L.L.P.			TX Dallas 75243-			
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PRIVACY ACT STATEMENT

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Attachment

Case 16-RC-240679

Employees Included

Part-Time and Full-Time Drivers, Driver Trainers, Casual Drivers, and Aids.

Employees Excluded

Charter Drivers, Coaches (ISD or District employees), Dispatchers, Hiring Coordinators, Supervisors, Managers, Watchmen, Guards, and Mechanics as defined by the Act.

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE NATIONAL LABOR RELATIONS BOARD Case No. Date Filed								
	TITION		16-RC-2	241110 Date Filed 5/9/2019				
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region								
in which the employer concerned								
of service showing service on the								
(Form NLRB-505); and (3) Descrip								
with the NLRB and should not be				nd 4012j. The on	oning of int	creat and any se mea		
1. PURPOSE OF THIS PETITION: RC-C				of employees wish to	be represented	for purposes of collective		
bargaining by Petitioner and Petitioner	desires to be certi	fied as representa iv	ve of the employees. The	Petitioner alleges that	at the followin	g circumstances exist and		
requests that the National Labor Rel	ations Board pro							
2a. Name of Employer			dress(es) of Establishmen)10 East 5th Street	t(s) involved (Street ar	nd number, city	, State, ZIP code)		
RATP Dev	d Title	Ť	K Austin 78702-	()h state same)				
3a. Employer Representative – Name an	id Hue		3b. Address (If same as 2910 East 5th Stre					
Michael Birch	2d Coll No		2910 East 5th Stre TX Austin 78702-					
3c. Tel. No.	3d. Cell No.	c	3e. Fax No.		3f. E-Mail Add michael.birch@r			
(512) 369-7409 4a. Type of Establishment (Factory, mine,	(317) 331-497	4b. Principal pro	duct or convico			and State where unit is located:		
Transportation	wholesaler, etc)	4b. Philopai pro	Mass Transit Servi	re	Ja. Ony	Austin, TX		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
l						3		
Included: See Attached Page 2 for additi	onal details					6b. Do a substantial number (30%		
Evoluted:						or more) of the employees in he		
Excluded: See Attached Page 2 for additi	onal details					unit wish to be represented by the Petitioner? Yes 7 No 7		
Check One: 7a. Request for	e a constituer de Der		tive was made on (Date)	and		lined recognition on or about		
	-	(If no reply received		diu	i Employer dec	inted recognition of or about		
7b Petitioner is			epresentative and desires	certification under the	Act			
8a. Name of Recognized or Certified Ba			8b. Address		AU .			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress		
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent		
					Contract, il an	y (Month, Day, Year)		
9. Is there now a strike or picketing at the	Employer's establ	shment(s) involved	2 If so approx	imately how many em	nlovees are na	rticipating?		
(Name of labor organization)								
 Organizations or individuals other than known to have a representative interest in 					esentatives and	d other organizations and individuals		
known to have a representative interest in	any employees in		in terri ob above. (il none,	SU Sidic)				
10a. Name	10b. Ac	Idress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conduct	to an election in th	in matter, state you	r position with roop of to					
any such election.	is an election in u	iis maller, state you	r position with respect to	11a. Election Type:	<u>I</u> ✓ Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. E	Election Time(s):		11d. Election Loca i	on(s):			
May 30, 2019		M to 8:00 AM and 8	:30 AM to 9:00 AM	Drivers' Quiet Room				
12a. Full Name of Petitioner (including Brent Payne Amalgamated Transit Union Local 1091	local name and n	umber)		12b. Address (stree 725 Airport Blvd, TX Austin 78702-	t and number,	city, state, and ZIP code)		
Autaquitated transit on the local rest 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> Amalgamated Transit Union								
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ac	dress		
(512) 386-6485	(512) 947-4298		(512) 386-7183		atupres1091@	200000K.COM		
13. Representative of the Petitioner who	o will accept serv	vice of all papers fo		• •				
13a. Name and Title Daniel B. Smith			13b. Address (street and 10000 New Hampshire		ina ZIP coae)			
	Daniel B. Smith AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790							
13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-2219	9	13e. Fax No. (301) 431-7116		13f. E-Mail Ad dsmith@atu.or			
I declare that I have read the above peti					0	-		
	ignature		Title	g	Date			
	aniel B. Smith		nac		05/9/2019	12.48.11		
WILLFUL FALSE STATEM		ETITION CAN BE F	UNISHED BY FINE AND	IMPRISONMENT (U.S				

PRIVACY ACT STATEMENT

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Employees Included

All full-time and regular part-time service writers working for the Employer at its Austin, Texas facility. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit.

Employees Excluded

All other employees, office clerical employees, guards, managers, and supervisors as defined by the Act.

FORM NLRB-502 (RD) (8-16)							Date Filed 5/10/19		
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u> , 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 7 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 <u>not</u> be served on the employer or any other party.									
recognized bargaining repres	ON: RD- DECERTIFICATION (REM sentative is no longer their represent ceed under its proper authority pr	tative. The Petitioner	alleges that t	he following circ	imstances ex				
2a. Name of Employer		2b. Address(es) of I	Establishment	s) involved (Street	and number,	city, state, ZII	code)		
XPO Logist	ici Freight	147101	Fm N	ings K	a la	malo il	X 78045		
3a. Employer Representative	- Name and Title	3b. Address (If sam	ie as 2b - state	name)	1,	(
Ted Garci	a	14710 1	Fm n	unes R	d Lo	redo, 1	Tx 78045		
3c. Tel. No.	3d. Fax No.	3e. Cell No.		3f. E-Mail Addres					
9562842576	,]								
4a. Type of Establishment (Fact				4b. Principal prod	uct or service	3			
Transport	tation Facili	·AV		Tran	50000	Hation.			
5a. Description of Unit Involved						5b. City	and State where unit		
Included:						is lo	cated:		
		1							
Excluded:	Attachmen	n+				1	/ 🖛		
V							aredo, Tx		
6. No. of Employees in Unit	7. Do a substantial numbe			n the unit no longe	wish to be re	presented by	the certified or currently		
8a. Name of Recognized or Cert	recognized bargaining t	representative	es No	Sh At	filiation, if any		· · · · ·		
		157		00.7	mation, ir any				
	ers, Local	<u>657</u>							
Sc. Address	4 Roughride	~	8d. Tel. No.	8e. C	ell No.				
061	1 hough 101	r	210-59						
S A	In in The	20120	8f. Fax No.	8g. E-	Mail Address				
Jan H.	ntonio, TX	78239							
9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)									
	cation					nui, Day, Tea	/		
JULY 8	2015	N	10 Ce	Aost Recent Contra Maca		indi, Day, Tea	,		
JULY 8	cation	N	10 Ce	mtraci	L		s are participating?		
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16-RD-241203

Attachment to RD Petition

5a. Description of Unit Involved:

Including: All full-time and regular part-time line haul and p & d drivers, and dock workers (including those who load, unload, those who handle over, short, & damaged goods, and those who handle weights & inspection) employed by the Employer at its facility located at 1472 Mines Road, Laredo, Texas.

Excluding: Office clerical employees, employees not on Employer's payroll, managers, guards and supervisors as defined in the Act.

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13b. Election Dates: 6/7/19

)

13c. Election Times: 13:00 p.m. - 14:00 p.m. 5:00 a.m.- 20:30 p.m



FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE								
NATIONAL LABOR RELATIONS BOARD Case No. Date Filed								
RC PETITION 16-RC-241447 5/14/2019								
INSTRUCTIONS: Unless e-Filed us	ing the Agency	's website, wu	ww.nlrb.g	ov, submit a	an original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned i								
of service showing service on the								
(Form NLRB-505); and (3) Descript								
					KD 4012). The S	nowing of int	erest should only be med	
with the NLRB and should not be s		PEDDESENTATI	y other p	arly.	of employees wish t	o ha raprasantar	for purposes of collective	
bargaining by Petitioner and Petitioner de								
requests that the National Labor Relat		ed under its proj	per author	ity pursuant to	Section 9 of the N	ational Labor R	elations Act.	
2a. Name of Employer					t(s) involved (Street	and number, city	, State, ZIP code)	
La Union del Pueblo Entero		TX	01 Us-83 B San Juan	78589-				
3a. Employer Representative – Name and	Title				s 2b – state same)			
Juanita Valdez-Cox			160 TX	01 Us-83 Bus San Juan 7858	39-	-		
3c. Tel. No.	3d. Cell No.		3e. Fax N	No.		3f. E-Mail Add		
(956) 787-2233	(956) 460-2486		(956) 787	7-8730		juanitavc@lupen	et.org	
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal proc	duct or serv	vice		5a. City a	and State where unit is located:	
Services			Immig	gration Assistar	nce		San Juan, TX	
5b. Description of Unit Involved							6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	al details						25	
							6b. Do a substantial number (30% or more) of the employees in the	
Excluded: See Attached Page 2 for addition	al details						unit wish to be represented by the	
							Petitioner? Yes []] No []]	
Check One: 7a. Request for re	cognition as Bargai	ining Representat	tive was ma	ade on (Date) 0	3/05/2019 ar	nd Employer decl	ined recognition on or about	
03/21/2019	(Date) (If	no reply received	d, so state).	Yes				
7b. Petitioner is cu	irrently recognized	as Bargaining Re			certification under the	e Act.		
8a. Name of Recognized or Certified Barg	jaining Agent (If n	ione, so state).		8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax N	No.		8f. E-Mail Addr	ress	
8g. Affiliation, if any			8h. Date of	Recognition or	r Certification		Date of Current or Most Recent ((Month, Day, Year)	
9. Is there now a strike or picketing at the Er	nplover's establish	ment(s) involved?	No	If so, approx	imately how many er	mplovees are pai	rticipating?	
					Month, Day, Year)			
10. Organizations or individuals other than F							ather constitutions and individuals	
known to have a representative interest in a						resentatives and	orner organizations and individuals	
10a. Name	10b. Addre	ess			10c. Tel. No.		10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
11 Election Detailer If the NLDD and inte	an election in this	mottor state war	position	ith respect to		annot Sur		
 Election Details: If the NLRB conducts any such election. 	an election in this	matter, state your	position w	itin respect to	11a. Election Type	: 🔽 Manual 📘	Mail Mixed Manual/Mail	
(Alton 06/17/19, San Juan 06/18/19, San Benito	11c. Elec	ction Time(s):			11d. Election Locati			
06/19/19, San Juan 06/20/19)	8:00am-1	:00pm			(416 South Alton Blvd. Suit 78586) (1601 US-83 Bus. S		175 S Sam Houston Blvd, Suite D, San Benito, TX	
12a. Full Name of Petitioner (including log Marco Antonio Lopez LUPE Staff Union (LSU)					714 Carmen St. TX		ity, state, and ZIP code)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none								
12d. Tel No.	12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (979) 436.3719 [upestaffunion@gmail.com]							
(979) 436-3719	(979) 436-3719						gmail.com	
13. Representative of the Petitioner who was a state of the section of the sectio		e of all papers to			d number, city, state,	-	714 Carmen st. San Juan, Tx, 78589	
13c. Tel No.	13d. Cell No.		13e. Fax	No.		13f. E-Mail Add	dress	
(979) 436-3719	1	979) 436-3719		n/a		LUPEstaffunio	n@gmail.com	
I declare that I have read the above petition	on and that the sta	atements are true	e to the be	est of my know	ledge and belief.			
	nature	1. 01	Title	Bannasantation		Date		
Marco A. Lopez/ Marco A. Lopez/ Representative 05/06/2019 WILLFULFALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)								

Employees Included

Full-time employees that are not coordinators or administration (Receptionist, Data Entry Clerk, Community Outreach specialist, Social Service Providers, Digital Organizer, Education Specialist, Office Manager, Community Organizer, Legal Assistant, Admin Assistant)

Employees Excluded

Executive Director, Coordinators, Contract Workers or Part-time employees

FORM NLRB-502 (RC)						DO NOT WRITE IN THIS SPACE				
(2-18)		LABOR RELATI					Case No. Date Filed 16-RC-242268 5/28/2019			
INSTRUCTIONS: Unless e-Filed a employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition n is named in th	nust be accomp he petition of: (1	panied by 1) the pet	/ both a s ition; (2)	showing of interest (s Statement of Positio	see 6b below) n form (Form	and a certific NLRB-505); a	ate of service sh nd (3) Descriptio	owing service on on of Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	itioner desires	to be certified as	s represer	ntative of	the employees. The P	etitioner alleg	es that the fo	llowing circums	tances exist and	
2a. Name of Employer: Keppel AmFels, L.L.C.		20000	State	f Establishment(s) invo Highway 48 , Texas 78521	olved (Street a	nd number, Ci	ty, State, ZIP code	ə):		
3a. Employer Representative - Na Simon Lee, President	me and Title:			ess <i>(if sa</i> as abo	me as 2b - state same, VC):				
^{3c. Tel. No.} (956) 831-8220	3d. Cell No.						il Address .lee@kepj	pelamfels.co	m	
4a. Type of Establishment (Factory, Offshore & Marine Const	mine, wholese truction	aler, etc.)		4b. Princi design	pal Product or Service , fabrication & (constructio	on Brown	nd State where unsville, Tex	nit is located: aS	
5b. Description of Unit Involved: Included: (See attached)							6a. Numb 16	er of Employees	in Unit:	
Excluded: (See attached)							of the	substantial numbe employees in the ented by the Peti	unit wish to be	
Check One: 7a. Request for rec on or about (Date)	1 1040	(If no	o reply rec	ceived, so		demand		declined recognit	ion	
8a. Name of Recognized or Certific None					ddress;		·			
8c, Tel. No.	8d. Cell No.		8	Be. Fax N	0.	8f. E-Ma	l Address			
8g. Affiliation, if any:			8h.	Date of F	Recognition or Certifica			urrent or Most (Month, Day, Yea	ar)	
9. Is there now a strike or picketing a	t the Employe	r's establishmen	it(s) involv	ved? No	If so, approx			es are participatin		
(Name of Labor Organization) 10. Organizations or individuals other individuals known to have a represent None						recognition a	representativ	ver since (Month, es and other orga		
10a. Name	1(0b. Address				10c. Tel.	No.	10d. Cell No.		
						10e. Fax	No.	10f. E-Mail Add	ress	
11. Election Details: If the NLRB con	nducts and ele	ection in this mat	ter, state	your posi	tion with respect to any		X Manua	al 🗌 Mail 🗌	Mixed Manual/Mail	
11b. Election Date(s): 2 weeks from petition date		1c. Election Time :00 a.m. to		a.m.		11d. Elec Keppe	tion Location(l AmFels	s): shipyard, Br	ownsville, TX	
12a. Full Name of Petitioner (include Pipefitters Local 211	ing local name	e and number):			12b. Address (street 1301 W. 13th S					
12c. Full name of national or internati United Association of Jour	onal labor orga	anization of which and Apprent	h Petition	er is an a the Plu	affiliate or constituent (i umbing and Pipe	if none, so stat e Fitting Ir	_{e):} dustry of	the U.S. and	Canada	
12d. Tel. No. 713-644-5521	12e. Cell No. 281-253-4	4886		2f. Fax N 81-47	。. 9-3510		ail Address mek@uan	et.org		
13. Representative of the Petitioner 13a. Name and Title: Francis J. Martorana, Attorne O'Donoghue & O'Donoghue	ey LLP	ept service of a	13 5 V	3b. Addre 301 W Vashing	ess (street and number isconsin Ave., Ny gton, DC 20015	r, city, State ar W	d ZIP code):			
	13d. Cell No. 202-669-(2		2-2640	fmarto		noghuelaw.	com	
I declare that I have read the above ^{Name} (<i>Print</i>) Francis J. Martorana	petition and	that the statem Signature		,	1-	dge and belie Title Attorney			Date 05/15/19	
	1.02.100	- /	1.							

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

May 15, 2019

Case No. 16 - RC - 242268

Attachment to Petition filed by Pipefitters Local 211, United Association of Journeymen and Apprentice of the Plumbing and Pipe Fitting Industry of the United States and Canada

Employer: Keppel AmFels, L.L.C.

5b. Description of the unit involved:

Included: All full-time and regular part-time Pipe Fitters, including, but not limited to, Pipe Fitters I and Pipe Fitters II, employed by the Employer, working at the Keppel AmFELS Shipyard in Brownsville, Texas.

Excluded: All other employees