

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

DO NOT WRITE IN THIS SPACE

Case No

16-RC-240613

Date Filed

5/1/2019

**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

DYNCORP

2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)

HANGER 57 FLIGHT LINE AVE D, CORPUS CHRISTI, TX 78418

3a. Employer Representative - Name and Title

CURTIS REED, SITE MANAGER

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

(SAME AS ABOVE)

3c. Tel. No.

361-939-7797

3d. Cell No.

3e. Fax No.

361-271-8866

3d. E-Mail Address

CURTIS.REED@DYN-INTL.COM

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

MAINTENANCE CONTROL FACILITY

4b. Principal product or service

SCA

5a. City and State where unit is located:

FT. CAMPBELL, KY

5b. Description of Unit Involved

Included:

ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: MAINTENANCE CONTROLLERS, T6 AIRCRAFT, T44 AIRCRAFT WORKERS.

Excluded:

OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

6a. No. of Employees in Unit:

9

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 Petition will serve as request for recognition 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

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? N/A 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

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):

MAY 21, 2019

11c. Election Time(s):

6:00AM - 7:00AM & 2:30PM - 3:00PM

11d. Election Location(s):

AVENUE D HANGER56, T-6 BREAKROOM, CORPUS CHRISTI, TX 78418

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

IAMAW, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)

690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

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.

817-505-0100

12e. Cell No.

12f. Fax No.

817-459-0107

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

JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE

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

690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011

13c. Tel. No.

817-505-0100

13d. Cell No.

682-401-7835

13e. Fax No.

817-459-0107

13d. E-Mail Address

JLITTLE@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)

JAMES R. LITTLE

Signature



Title

GRAND LODGE REPRESENTATIVE

DATE

05/01/2019

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 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.

16-RC-240679

Date Filed

5/2/2019

**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> Durham School Services		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2205 North Crowley-Cleburne Road TX Crowley 76036	
<b>3a. Employer Representative - Name and Title</b> Jason Lowery		<b>3b. Address</b> (If same as 2b - state same) 2205 North Crowley-Cleburne Road TX Crowley 76036	
<b>3c. Tel. No.</b> (817) 297-5946	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (817) 297-5945	<b>3f. E-Mail Address</b> jlowery@durhamschoolservices.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> School Bus Services	
		<b>5a. City and State where unit is located:</b> Fort Worth, TX	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 175
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

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

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

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

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

<b>11b. Election Date(s):</b> May 21, 2019	<b>11c. Election Time(s):</b> 10 am to 2 pm; 5 pm to 7 pm.	<b>11d. Election Location(s):</b> Training Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Rick Miedema Teamsters Local 997	<b>12b. Address (street and number, city, state, and ZIP code)</b> 137 Sycamore School Road Suite 102 TX Fort Worth 76134-5026
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (817) 293-3782	<b>12e. Cell No.</b> (817) 229-0127	<b>12f. Fax No.</b> (817) 568-0525	<b>12g. E-Mail Address</b> rick.miedema@teamsters997.com
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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> David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P.		<b>13b. Address (street and number, city, state, and ZIP code)</b> 12001 North Central Expressway Suite 650 TX Dallas 75243	
<b>13c. Tel No.</b> (214) 965-0090	<b>13d. Cell No.</b> (214) 415-7913	<b>13e. Fax No.</b> (214) 965-0097	<b>13f. E-Mail Address</b> dwatsky@lyongorsky.com

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> David Watsky	<b>Signature</b> David K. Watsky	<b>Title</b> Attorney	<b>Date</b> 05/2/2019 10:46:20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 16-RC-240679	Date Filed 5/2/2019

### 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  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-241110

Date Filed

5/9/2019

**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> RATP Dev		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2910 East 5th Street TX Austin 78702-	
<b>3a. Employer Representative - Name and Title</b> Michael Birch		<b>3b. Address</b> (If same as 2b - state same) 2910 East 5th Street TX Austin 78702-	
<b>3c. Tel. No.</b> (512) 369-7409	<b>3d. Cell No.</b> (317) 331-4976	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> michael.birch@ratpdev.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> Mass Transit Service	
<b>4c. City and State where unit is located:</b> Austin, TX			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 3
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

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

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

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

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

<b>11b. Election Date(s):</b> May 30, 2019	<b>11c. Election Time(s):</b> 7:30 AM to 8:00 AM and 8:30 AM to 9:00 AM	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11d. Election Location(s):</b> Drivers' Quiet Room		<b>12b. Address</b> (street and number, city, state, and ZIP code) 725 Airport Blvd. TX Austin 78702-

**12a. Full Name of Petitioner (including local name and number)**  
Brent Payne  
Amalgamated Transit Union Local 1091

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

<b>12d. Tel No.</b> (512) 386-6485	<b>12e. Cell No.</b> (512) 947-4298	<b>12f. Fax No.</b> (512) 386-7183	<b>12g. E-Mail Address</b> atupres1091@outlook.com
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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> Daniel B. Smith AMALGAMATED TRANSIT UNION		<b>13b. Address</b> (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790	
<b>13c. Tel No.</b> (301) 431-7100	<b>13d. Cell No.</b> (202) 714-2219	<b>13e. Fax No.</b> (301) 431-7116	<b>13f. E-Mail Address</b> dsmith@atu.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> Daniel B. Smith	<b>Signature</b> Daniel B. Smith	<b>Title</b>	<b>Date</b> 05/9/2019 12:48:11
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 16-RC-241110	Date Filed 5/9/2019

#### 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.

**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 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 not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer <b>XPO Logistics Freight</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>14710 Fm Minors Rd Laredo, TX 78045</b>	
3a. Employer Representative - Name and Title <b>Ted Garcia</b>		3b. Address (if same as 2b - state name) <b>14710 Fm Minors Rd Laredo, TX 78045</b>	
3c. Tel. No. <b>956 2842576</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Transportation Facility</b>		4b. Principal product or service <b>Transportation</b>	
5a. Description of Unit Involved Included:  Excluded: <b>See Attachment</b>			5b. City and State where unit is located: <b>Laredo, TX</b>
6. No. of Employees in Unit <b>117</b>		7. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent <b>Teamsters, Local 657</b>		8b. Affiliation, if any	
8c. Address <b>8214 Roughrider San Antonio, TX 78239</b>		8d. Tel. No. <b>210-5902013</b>	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification <b>July 8 2015</b>		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>No Contract</b>	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name		12b. Address	12c. Tel. No.
			12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) <b>See Attachment</b>		13c. Election Time(s) <b>See Attachment</b>	
		13d. Election Location(s) <b>Training Room</b>	
14. Full Name of Petitioner <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>			
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		14b. Tel. No.	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		15b. Title <b>Petitioner</b>	
15c. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)</b>		Title <b>Petitioner</b>	Date Filed <b>05/10/19</b>

WILLFUL FALSE STATEMENTS

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**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.

**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



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

DO NOT WRITE IN THIS SPACE

Case No.  
**16-RC-241447**

Date Filed  
**5/14/2019**

**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> La Union del Pueblo Entero		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1601 Us-83 Bus TX San Juan 78589-	
<b>3a. Employer Representative - Name and Title</b> Juanita Valdez-Cox		<b>3b. Address</b> (If same as 2b - state same) 1601 Us-83 Bus TX San Juan 78589-	
<b>3c. Tel. No.</b> (956) 787-2233	<b>3d. Cell No.</b> (956) 460-2486	<b>3e. Fax No.</b> (956) 787-8730	<b>3f. E-Mail Address</b> juanitavc@lupenet.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Services		<b>4b. Principal product or service</b> Immigration Assistance	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> San Juan, TX	

<b>6a. No. of Employees in Unit:</b> 25	<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"/>
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**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/05/2019 and Employer declined recognition on or about 03/21/2019 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

**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 Location(s):** (416 South Alton Blvd, Suite A, Alton Tx, 78573) (875 S Sam Houston Blvd, Suite D, San Benito, TX 78586) (1601 US-83 Bus, San Juan, TX 78589)  
**11c. Election Time(s):** 8:00am-1:00pm

**12a. Full Name of Petitioner (including local name and number)**  
Marco Antonio Lopez  
LUPE Staff Union (LSU)  
**12b. Address (street and number, city, state, and ZIP code)**  
714 Carmen St. TX San Juan 78589-

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

<b>12d. Tel No.</b> (979) 436-3719	<b>12e. Cell No.</b> (979) 436-3719	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> lupestaffunion@gmail.com
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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> Marco Antonio Lopez Representative		<b>13b. Address (street and number, city, state, and ZIP code)</b> 714 Carmen st. San Juan, Tx, 78589	
<b>13c. Tel No.</b> (979) 436-3719	<b>13d. Cell No.</b> (979) 436-3719	<b>13e. Fax No.</b> n/a	<b>13f. E-Mail Address</b> LUPEstaffunion@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.

<b>Name (Print)</b> Marco Lopez	<b>Signature</b> Marco A. Lopez	<b>Title</b> Representative	<b>Date</b> 05/06/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
16-RC-241447	5/14/19

**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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
16-RC-242268Date Filed  
5/28/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Keppel AmFels, L.L.C.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
20000 State Highway 48  
Brownsville, Texas 78521

**3a. Employer Representative - Name and Title:**  
Simon Lee, President

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

**3c. Tel. No.**  
(956) 831-8220

**3d. Cell No.**

**3e. Fax No.**  
(956) 831 6220

**3f. E-Mail Address**  
simon.lee@keppelamfels.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Offshore & Marine Construction

**4b. Principal Product or Service**  
design, fabrication & construction

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

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

Included:  
(See attached)

**6a. Number of Employees in Unit:**  
16

Excluded:  
(See attached)

**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)** \_\_\_\_\_ **No demand** 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):**  
2 weeks from petition date

**11c. Election Time(s):**  
9:00 a.m. to 11:00 a.m.

**11d. Election Location(s):**  
Keppel AmFels shipyard, Brownsville, TX

**12a. Full Name of Petitioner (including local name and number):**  
Pipefitters Local 211

**12b. Address (street and number, city, State and ZIP code):**  
1301 W. 13th Street, Deer Park, TX 77536

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
United Association of Journeymen and Apprentice of the Plumbing and Pipe Fitting Industry of the U.S. and Canada

**12d. Tel. No.**  
713-644-5521

**12e. Cell No.**  
281-253-4886

**12f. Fax No.**  
281-479-3510

**12g. E-Mail Address**  
cschramek@uanet.org

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

**13a. Name and Title:**  
Francis J. Martorana, Attorney  
O'Donoghue & O'Donoghue LLP

**13b. Address (street and number, city, State and ZIP code):**  
5301 Wisconsin Ave., NW  
Washington, DC 20015

**13c. Tel. No.**  
202-362-0041

**13d. Cell No.**  
202-362-0783

**13e. Fax No.**  
202-362-2640

**13f. E-Mail Address**  
fmartorana@odonoghuelaw.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)**  
Francis J. Martorana

**Signature**  


**Title**  
Attorney

**Date**  
05/15/19

**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.

**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