

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-244160

Date Filed

7-1-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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:
AMERICAN MEDICAL RESPONSE -
IMPERIAL COUNTY

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
775 W. State St. El Centro, CA 92243; 900 Dogwood Rd., El Centro, CA 92243; 1910 N. Waterman, Ave., El Centro, CA 92243; (More - see attached)

3a. Employer Representative - Name and Title:
Brandon Walls, Operations Manager

3b. Address (if same as 2b - state same):
1111 Airport Road, Imperial, California, 92251

3c. Tel. No.

3d. Cell No.

760-550-4369

3e. Fax No.

3f. E-Mail Address

brandon.walls@amr.net

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

4b. Principal Product or Service
Transportation

5a. City and State where unit is located:
Various (see attached)

5b. Description of Unit Involved:

Included:

All full-time and regular part-time EMTs, Paramedics, and FTOs

Excluded:

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

6a. Number of Employees in Unit:
65

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 and election in this matter, state your position with respect to any such election:
Mail ballot election because there are multiple work sites (see attached) and schedules

11a. Election Type:

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

July 15, 2019 - mail ballots

11c. Election Time(s):

Mail ballots

11d. Election Location(s):

Mail ballots

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

United EMS Workers, AFSCME Local 4911

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

175 Bernal Road, #205
San Jose, CA 95119

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

American Federation of State, County, and Municipal Employees

12d. Tel. No.

925-443-4911

12e. Cell No.

12f. Fax No.

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:

Manuel A. Boigues, Attorney for Union

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

1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel. No.

510-337-1001

13d. Cell No.

13e. Fax No.

510-337-1021

13f. E-Mail Address


mboigues@unioncounsel.net

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)

Manuel A. Boigues

Signature



Title

Attorney for Union

Date

07/01/19

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.

ATTACHMENT TO RC PETITION

EMPLOYER: AMERICAN MEDICAL RESPONSE – IMPERIAL COUNTY

PETITIONER: UNITED EMS WORKERS, AFSCME LOCAL 4911

2b. Addresses of Establishments involved:

1. El Centro Station 1: 775 W. state St., El Centro, CA 92243
2. El Centro Station 2: 900 Dogwood Rd., El Centro, CA 92243
3. El Centro Station 3: 1910 N. Waterman Ave., El Centro, CA 92243
4. Brawley Station 1: 815 Main St., Brawley, CA 92227
5. Brawley Station 2: 1505 Jones St., Brawley, CA 92227
6. Calipatria Station: 125 Park St., Calipatria, CA 92233
7. Slaton City Station: 520 Nile Dr., Salton City, CA 92275
8. Holtville Station: 121 W 5th St., Holtville, CA 92250
9. Winterhaven Station: 495 3rd Ave., Winterhaven, CA 92283
10. Heber Station: 1078 Dogwood Rd., Heber, CA 92249

5a. City and State where unit is located: Same as above.

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-244341

Date Filed

7-3-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Emerald Textiles LCC | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1725 Dornoch Ct, San Diego, CA 92154; 1810 Iowa Ave., Riverside, CA 92507 | |
| 3a. Employer Representative - Name and Title: Dan Leavy, General manager | | 3b. Address (if same as 2b - state same): 1725 Dornoch Ct., San Diego, CA 92154 | |
| 3c. Tel. No. (619) 330-7077 | 3d. Cell No. | 3e. Fax No. (619)690-7541 | 3f. E-Mail Address dleavy@emeraldus.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Linen Laundry Service | | 4b. Principal Product or Service Linen Services | |
| 5a. City and State where unit is located: San Diego and Riverside, CA | | 5b. Description of Unit Involved: Included: All regular, full and partime drivers, loaders and dock workers employes at the Employers locations 1725bDornock Ct., San Diego, CA and 1810 Iowa Ave., Riverside, CA Excluded: All other employees, guards, supervisors as defined in the Act. | |
| 6a. Number of Employees in Unit: 48 | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. | | | |
| 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | | | |
| 11b. Election Date(s): Aug. 2, 2019 | | 11c. Election Time(s): SD- 11 am -3 pm and 4 pm -6 pm; R- 10 am -12pm and 12:30 pm to 2 pm | |
| 11d. Election Location(s): SD- vacant downstairs office R- Conference Room | | | |
| 12a. Full Name of Petitioner (including local name and number): Salesdrivers, Helpers and Dairy Employees Local Union 683, International Brotherhood of Teamsters | | 12b. Address (street and number, city, State and ZIP code): 1333 E. MADISON AVE. El CAJON, CA. 92021 | |
| 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 | | | |
| 12d. Tel. No. (619) 232-7903 | 12e. Cell No. (619) 396-6656 | 12f. Fax No. (619)232-8077 | 12g. E-Mail Address l.fletcher@teamsters683.com |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Lee Fletcher, Secretary Treasurer | | 13b. Address (street and number, city, State and ZIP code): 1333 E. MADISON AVE. El CAJON, CA. 92021 | |
| 13c. Tel. No. (619) 232-7903 | 13d. Cell No. (619) 396-6656 | 13e. Fax No. (619)232-8077 | 13f. E-Mail Address l.fletcher@teamsters683.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) Florice Hoffinan | | Signature Florice Hoffman | Title attorney |
| | | | Date 7/2/2019 |

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-244705

Date Filed

07-11-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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:
Hickman Family Farms

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
797 Palmyrita Ave., Riverside, CA 92507

3a. Employer Representative - Name and Title:
Tony Mcanally, Manager

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

3c. Tel. No.
909-366-2113

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

tmcanally@Hickmanseggs.com

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

4b. Principal Product or Service
Transportation

5a. City and State where unit is located:
Riverside, CA

5b. Description of Unit Involved:

Included:

All drivers employed by the Employer at its facility located in Riverside, CA

Excluded:

All other employees including managerial/supervisor, clerical, professional, and security guards

6a. Number of Employees in Unit:
19

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):
ASAP

11c. Election Time(s):

Sunday night starting at 12:00am-3:00am

11d. Election Location(s):

Breakroom on site

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 63

12b. Address (street and number, city, State and ZIP code):
379 W. Valley Blvd., Rialto, CA 92376

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

12d. Tel. No.

12e. Cell No.

12f. Fax No.

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:

Roberto Garcia, Attorney

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

513 South Myrtle Avenue, Suite B, Monrovia, CA 91016

13c. Tel. No.

619-297-6900

13d. Cell No.

13e. Fax No.

13f. E-Mail Address


rg@sdlaborlaw.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)

Roberto Garcia

Signature



Title

Attorney for Teamsters Local 63

Date

7/11/19

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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AMENDED

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-244767

Date Filed

7-12-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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

Primus Solutions, LLC

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

See Attachment A

3a. Employer Representative - Name and Title

Adam Birnbaum, Labor Relations Manager

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

7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20707

3c. Tel. No.

(719)-219-9055

3d. Cell No.

(719)-401-7661

3e. Fax No.

(719)-473-8907

3f. E-Mail Address

ABirnbaum@asrcfederal.com

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

Military Contractor

4b. Principal product or service

Military Support

5a. City and State where unit is located:

San Diego, Imperial and San Marcos, CA

5b. Description of Unit Involved

Included: All Full Time, Regular Part Time, On Call, Biometric Technicians, Receptionists, General Clerks, employed by the employer at its facilities located in San Diego, Imperial and San Marco (See attachment).
Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by 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 (Date) by Petition 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 mailed 7/26/19 returned and counted 8/9/19

11c. Election Time(s):

n/a

11d. Election Location(s):

n/a

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

International Association of Machinists and Aerospace Workers, District Lodge 947

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

535 West Willow Street Long Beach, CA 90806-2830

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.

(562) 427-8900

12e. Cell No.

12f. Fax No.

(562) 427-1122

12g. E-Mail Address

rcarrillo@iamaw.org

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

13a. Name and Title

Eric J Wiesner, Attorney

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

Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.

510-337-1001

13d. Cell No.

13e. Fax No.

510-337-1023

13f. E-Mail Address

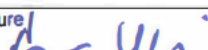
ewiesner@unioncounsel.net

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. Wiesner

Signature



Title

Attorney

Date

July 12, 2019

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

PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)

2b. Address(es) of Establishments Involved:

San Diego, CA

Sommerset Plaza, 1655 Broadway, Suite 22, Chula Vista, CA 91911,

Imperial, CA

3051 North Imperial Avenue, Suite 103, El Centro, CA 92243-2212

San Marcos, CA

727 West San Marcos Boulevard, Suites 101 - 103, San Marcos, CA 92078-1244

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-244932

Date Filed

7-16-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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.

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| | |
|---|--|
| 2a. Name of Employer: AMERICAN MEDICAL RESPONSE - IMPERIAL COUNTY | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 775 W. State St., El Centro, CA 92243; 900 Dogwood Rd., El Centro, CA 92243; 1910 N. Waterman, Ave., El Centro, CA 92243; (More - see attached) |
| 3a. Employer Representative - Name and Title: Brandon Walls, Operations Manager | 3b. Address (if same as 2b - state same): 1111 Airport Road, Imperial, California, 92251 |

| | | | |
|---------------------|-------------------------------------|--------------------|--|
| 3c. Tel. No. | 3d. Cell No. 760-550-4369 | 3e. Fax No. | 3f. E-Mail Address brandon.walls@amr.net |
|---------------------|-------------------------------------|--------------------|--|

| | | |
|---|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.): Ambulance Services Company | 4b. Principal Product or Service Transportation | 5a. City and State where unit is located: Various (see attached) |
|---|---|--|

| | |
|--|--|
| 5b. Description of Unit Involved: Included: All full-time and regular part-time EMTs, Paramedics, and FTOs Excluded: All other employees, managers, guards, and supervisors as defined by the Act | 6a. Number of Employees in Unit: 65 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

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

| | |
|---|---------------------|
| 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: **Mail ballot election because there are multiple work sites (see attached) and schedules** **11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

| | | |
|---|---|---|
| 11b. Election Date(s): July 15, 2019 - mail ballots | 11c. Election Time(s): Mail ballots | 11d. Election Location(s): Mail ballots |
|---|---|---|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number): United EMS Workers, AFSCME Local 4911 | 12b. Address (street and number, city, State and ZIP code): 175 Bernal Road, #205 San Jose, CA 95119 |
|---|---|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Federation of State, County, and Municipal Employees

| | | | |
|--------------------------------------|----------------------|---------------------|----------------------------|
| 12d. Tel. No. 925-443-4911 | 12e. Cell No. | 12f. Fax No. | 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: Manuel A. Boigues, Attorney for Union | 13b. Address (street and number, city, State and ZIP code): 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 |
|--|---|

| | | | |
|--------------------------------------|----------------------|-------------------------------------|---|
| 13c. Tel. No. 510-337-1001 | 13d. Cell No. | 13e. Fax No. 510-337-1021 | 13f. E-Mail Address mboigues@unioncounsel.net |
|--------------------------------------|----------------------|-------------------------------------|---|

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) Manuel A. Boigues | Signature  | Title Attorney for Union | Date 07/01/19 |
|--|---|------------------------------------|-------------------------|

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.

ATTACHMENT TO RC PETITION**EMPLOYER: AMERICAN MEDICAL RESPONSE – IMPERIAL COUNTY****PETITIONER: UNITED EMS WORKERS, AFSCME LOCAL 4911****2b. Addresses of Establishments involved:**

1. El Centro Station 1: 775 W. state St., El Centro, CA 92243
2. El Centro Station 2: 900 Dogwood Rd., El Centro, CA 92243
3. El Centro Station 3: 1910 N. Waterman Ave., El Centro, CA 92243
4. Brawley Station 1: 815 Main St., Brawley, CA 92227
5. Brawley Station 2: 1505 Jones St., Brawley, CA 92227
6. Calipatria Station: 125 Park St., Calipatria, CA 92233
7. Slaton City Station: 520 Nile Dr., Salton City, CA 92275
8. Holtville Station: 121 W 5th St., Holtville, CA 92250
9. Winterhaven Station: 495 3rd Ave., Winterhaven, CA 92283
10. Heber Station: 1078 Dogwood Rd., Heber, CA 92249

5a. City and State where unit is located: Same as above.**(b) (6), (b) (7)(C)**

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|---------------------------------|--------------------------------|
| Case No. 21-RC-245097 | Date Filed 7/18/2019 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 Pulau Corporation | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Joint Forces Training Base (JFTB) 4612 Doolittle Ave Building 913 Los Alamitos, CA 90720 |
|--|--|

| | |
|--|---|
| 3a. Employer Representative - Name and Title John "Bubba" Quarti Director Operations/Vickie Wasik HR Manager | 3b. Address (If same as 2b - state same) same |
|--|---|

| | | | |
|--|--|--------------------|--|
| 3c. Tel. No. 407 380 9191 ext. 216/407 380 9191 ext. 264 | 3d. Cell No. 407 492 0138/407 380 8746 | 3e. Fax No. | 3f. E-Mail Address jqarti@pulau.com/vwasik@pulau.com |
|--|--|--------------------|--|

| | | |
|---|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor | 4b. Principal product or service Military Support | 5a. City and State where unit is located: Los Alamitos, CA |
|---|---|--|

| | |
|---|--|
| 5b. Description of Unit Involved Included: All full time hourly Flight Simulators employees employed by the employer at its facility located at 4612 Doolittle Ave Building 913 Los Alamitos, CA 90720. Excluded: All other employees, temporary workers from agencies, office clerical employees, and all other professional employees, guards and supervisors as defined by the Act. | 6a. No. of Employees in Unit: 2 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|

| | | |
|---|---|---|
| 11b. Election Date(s): Thursday, August 8, 2019 | 11c. Election Time(s): 10:00 am to 11:00 am | 11d. Election Location(s): meeting room at 4612 Doolittle Ave Building 913 Los Alamitos, CA 90720 |
|---|---|---|

| | |
|--|---|
| 12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725 | 12b. Address (street and number, city, state, and ZIP code) 5402 Bolsa Ave Huntington Beach, CA 92649 |
|--|---|

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

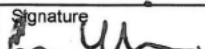
| | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 12d. Tel. No. 714 898 9141 | 12e. Cell No. 562 900 3502 | 12f. Fax No. 714 892 3485 | 12g. E-Mail Address ctapia@iam725.org |
|--------------------------------------|--------------------------------------|-------------------------------------|---|

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

| | |
|---|---|
| 13a. Name and Title Eric J. Wiesner, Attorney | 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 |
|---|---|

| | | | |
|--------------------------------------|----------------------|-------------------------------------|---|
| 13c. Tel. No. 510-337-1001 | 13d. Cell No. | 13e. Fax No. 510-337-1023 | 13f. E-Mail Address ewiesner@unioncounsel.net nlrbnotices@unioncounsel.net |
|--------------------------------------|----------------------|-------------------------------------|---|

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. Wiesner | Signature  | Title Attorney | Date July 18 |
|--|---|--------------------------|------------------------|

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. **21-RC-245149** Date Filed **7-19-2019**

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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
ONVOI Global Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2523 Graeber St. Bldg 390, March Air Reserve Base, CA 92518

3a. Employer Representative - Name and Title
Jesse Nava, Mgr

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

3c. Tel. No.
951-655-5211

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
jesse.nava.ctr@us.af.mil

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

4b. Principal product or service
Aircraft technical and maintenance services.

5a. City and State where unit is located.
March Air Reserve Base, CA

5b. Description of Unit Involved
Included: All full time Transportation Specialist employees employed by the employer at its facility located at 2523 Graeber St. Bldg 390, March Air Reserve Base, CA 92518

Excluded: All other employees, temporary workers from agencies, office clerical employees, and all other professionals employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
3

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) **By Petition**, 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? _____ 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):
August 1, 2018

11c. Election Time(s):
9:00am to 10:00am

11d. Election Location(s):
Facility Lunch/Break Room

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, District Lodge 725

12b. Address (street and number, city, state, and ZIP code)
8233 Rochester Ave Rancho Cucamonga, CA 91730

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.
909-484-2004

12e. Cell No.
323-404-5199

12f. Fax No.
909-484-2369

12g. E-Mail Address
emarroquin@iam725.org

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

13a. Name and Title
Caroline N. Cohen, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.
510-337-1001

13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
nlrbnotices@unioncounsel.net, ccohen@unioncounsel.net

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)
Caroline N. Cohen

Signature


Title
Attorney

Date
July 19, 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. 21-RC-245765 Date Filed 7-31-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 InterContinental Hotel Downtown Los Angeles | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 900 Wilshire Blvd., Los Angeles, CA 90017 | |
| 3a. Employer Representative - Name and Title Maselina Taulanga, Director of Purchasing | | 3b. Address (If same as 2b - state same) | |
| 3c. Tel. No. 213.274.0024 | 3d. Cell No. 213.800.4376 | 3e. Fax No. | 3f. E-Mail Address maselina.taulanga@ihg.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel | | 4b. Principal product or service Guest Accommodations | 5a. City and State where unit is located: Los Angeles, California |
| 5b. Description of Unit Involved Included: All regular full-time and part-time Purchasing Agents, Sr. Purchasing Agents, & Purchasing Buyers Excluded: Standard exclusions | | | 8a. No. of Employees in Unit: 5 8b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A 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? _____ 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.

| | | | |
|---|--|---|---|
| 11b. Election Date(s): 8/6/2019 | 11c. Election Time(s): 10:00 - 11:00 a.m. | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | 11d. Election Location(s): Purchasing Room of the employers facility |
| 12a. Full Name of Petitioner (including local name and number) Teamsters Local 848 | | 12b. Address (street and number, city, state, and ZIP code) 731 East Arrow Highway, Glendora, CA 91740 | |

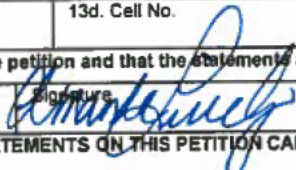
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

| | | | |
|------------------------------|---------------|--------------|---------------------|
| 12d. Tel No. 626.732.4700 | 12e. Cell No. | 12f. Fax No. | 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 Amanda Lively, Attorney | | 13b. Address (street and number, city, state, and ZIP code) 16501 Ventura Blvd., Suite 304, Encino, CA 91438 | |
| 13c. Tel No. 818-501-8030 x 326 | 13d. Cell No. | 13e. Fax No. 818-501-5306 | 13f. E-Mail Address alively@wkclegal.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) Amanda Lively | Signature  | Title Attorney for Teamsters Local 848 | Date July 30, 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.