

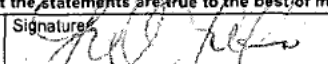
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-230713**Date Filed  
**11-8-2018**

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

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

<b>2a. Name of Employer:</b> Alta Care Center, LLC D/B/A Alta Gardens Care Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 13075 Blackbird Street, Garden Grove, CA 92843	
<b>3a. Employer Representative - Name and Title:</b> Paul Kim, Center Executive Director		<b>3b. Address (if same as 2b - state same):</b> SAME	
<b>3c. Tel. No.</b> (714) 530-6322	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> Paul.Kim@GenesisHCC.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Nursing Care		<b>4b. Principal Product or Service</b> Nursing Care	
<b>5a. City and State where unit is located:</b> Garden Grove, CA		<b>5b. Description of Unit Involved:</b> Included: All Full Time, Part Time and On Call C.N.A. and R.N.A. employees. Excluded: All others.	
<b>6a. Number of Employees in Unit:</b> 63		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>By This Petition</u> <b>and Employer declined recognition</b> on or about (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> NONE		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <b>If so, approximately how many employees are participating?</b> _____ <b>has picketed the Employer since (Month, Day, Year)</b> _____ (Name of Labor Organization)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> NONE			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> November 20, 2018		<b>11c. Election Time(s):</b> 7:00 AM-9:00 AM and 3:00 PM-5:00 PM	
<b>11d. Election Location(s):</b> Break Room or Family Room			
<b>12a. Full Name of Petitioner (including local name and number):</b> Service Employees International Union, Local 2015		<b>12b. Address (street and number, city, State and ZIP code):</b> 2910 Beverly Blvd., Los Angeles, CA 90057	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> N/A	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> N/A
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Lisl R. Soto, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 800 Wilshire Blvd., Suite 1020, Los Angeles, CA 90017	
<b>13c. Tel. No.</b> (213) 380-2344	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (213) 443-5098	<b>13f. E-Mail Address</b> lsoto@unioncounsel.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Lisl R. Soto	<b>Signature</b> 	<b>Title</b> Attorney for SEIU, Local 2015	<b>Date</b> 11/08/18

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 may cause the NLRB to decline to invoke its processes.



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

DO NOT WRITE IN THIS SPACE

Case No.

**21-RC-230821**

Date Filed

**11-09-2018**

**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**  
Albert's Organics

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
3268 E. Vernon Ave., Vernon, CA 90058

**3a. Employer Representative - Name and Title**  
Rudy Fourzan Jr.

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

**3c. Tel. No.**  
800-899-4595 Ext.242114

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
rfourzan@albertsfreshproduce.com

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

**4b. Principal product or service**  
Food Distributor

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

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

**Excluded:** All other employees including managerial/supervisor, clerical, professional employees, and security guards.

**6a. No. of Employees in Unit:**  
13

**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)**

**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):**  
First available Sunday

**11c. Election Time(s):**  
12pm-4pm

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

**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** Raquel Ortega, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
3625 Ruffin Rd., Suite 300, San Diego, CA 92123

**13c. Tel No.**  
619-297-6900

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**  
rao@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)**  
Raquel Ortega

**Signature** 

**Title**  
Attorney

**Date**  
November 9, 2018

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.

NOV 21 2018  
LOS ANGELES, CA  
NLRB REGION 21



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>21-RC-231034</b>	Date Filed <b>11-14-2018</b>

**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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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> Affordable Engineering Systems (AES) (CH-53 Program)		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Naval Air Station North Island, Building 378 San Diego, CA 92135			
<b>3a. Employer Representative - Name and Title</b> John B. Funke, Site Mgr./Pat Godfrey, Mgr. Human Resources		<b>3b. Address (If same as 2b - state same)</b> 1455 Frazee Road, Suite #860, San Diego, CA 92108			
<b>3c. Tel. No.</b> (619) 767-1022/(619) 522-9800 x103	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (619) 545-0085/(619) 522-9803	<b>3f. E-Mail Address</b> john.funke.ctr@navy.mil/Pat@affordservices.com		
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor		<b>4b. Principal product or service</b> Military Support		<b>5a. City and State where unit is located.</b> San Diego, CA	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part-time Aircraft Mechanics and Sheet Metal Mechanics, employed by the employer on the CH-53 Program, Building 378, at their facility located at Naval Air Station North Island, San Diego, California. <b>Excluded:</b> Guards, Office Clerical and Supervisors as defined in the Act.					<b>6a. No. of Employees in Unit:</b> 10 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

**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.

<b>11b. Election Date(s):</b> Wed. November 28, 2018	<b>11c. Election Time(s):</b> 12:00 p.m. - 12:30 p.m.	<b>11d. Election Location(s):</b> Conference Room or Break Room in Building 378
---	--	--

<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5150 Kearny Mesa Road, San Diego, CA 92111
--	--

**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

<b>12d. Tel No.</b> (858) 292-5150 ext 111	<b>12e. Cell No.</b> (619) 787-9475	<b>12f. Fax No.</b> (858) 292-5273	<b>12g. E-Mail Address</b> bmiller@iam725.org
---	--	---------------------------------------	--

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

<b>13a. Name and Title</b> Caren P. Sencer, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrtntices@unioncounsel.net, csencer@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.

<b>Name (Print)</b> Caren P. Sencer	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 11/14/2018
--	----------------------	--------------------------	---------------------------

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

**PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


21-RC-231442

Date Filed

11-21-18

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

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

<b>2a. Name of Employer:</b> Albertsons		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 14950 Innovation Drive, Riverside, CA 92508	
<b>3a. Employer Representative - Name and Title:</b> Cara, HR Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (951) 497-4008	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food production plant		<b>4b. Principal Product or Service</b> Food production	<b>5a. City and State where unit is located:</b> Riverside, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time production and shipping employees and drivers employed at the Employer's facility located at 14950 Innovation Drive, Riverside, California. <b>Excluded:</b> All other employees, office clerical employees, confidential employees, guards and supervisors as defined by the Act			<b>6a. Number 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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by this petition and Employer declined recognition on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> NONE		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state)</b> NONE			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b>
			<b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Any Friday/employee pay date to maximize voter participation (beginning with December 7, 2018).		<b>11c. Election Time(s):</b> Any time that allows for maximum voter participation.	
<b>11d. Election Location(s):</b> An appropriate meeting or break room at plant			
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters, Chauffeurs, Warehousemen, Industrial and Allied Workers of America, Local 166		<b>12b. Address (street and number, city, State and ZIP code):</b> 18597 Valley Blvd., Bloomington, CA 92316	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 909-877-8326	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 909-877-2812	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Arthur N. Four		<b>13b. Address (street and number, city, State and ZIP code):</b> 3550 Wilshire Blvd., Suite 2000, Los Angeles, CA 90010	
<b>13c. Tel. No.</b> 213-386-3860	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 213-386-5583	<b>13f. E-Mail Address</b> arthurf@rac-law.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> Arthur N. Four	<b>Signature</b> 		<b>Title</b> Attorney
			<b>Date</b> 11/20/18

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 may cause the NLRB to decline to invoke its processes.



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>21-RC-231881</b>	Date Filed <b>11-30-2018</b>

**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> Aircraft Readiness Alliance, LLC (See Attachment A)		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> MCAS Miramar Building 9570, Hangar 5 San Diego, CA 92135	
<b>3a. Employer Representative - Name and Title</b> Tina Bruce HR Dir./John Funke Prog. Mgr./Bryan Wilkes Site Sup.		<b>3b. Address (If same as 2b - state same)</b> 229 Palmer Rd, Madison, AL 35758	
<b>3c. Tel. No.</b> 877-258-6200/619-767-1022/910-728-7334	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> tbruce@tyonok.co john.funke.ctr@navy.military.mil bryan.wilkes.ctr@navy.military.mil
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part-time Aircraft Mechanics, Sheet Metal Mechanics, and Logs and Records Technicians employed on the MV-22 Program, Building 9570, Hangar 5, at the facility located at Marine Corps Air Station Miramar, San Diego, California. <b>Excluded:</b> All Guards, Office Clerical and Supervisors as defined by the Act.		<b>5a. City and State where unit is located:</b> San Diego, CA	
		<b>6a. No. of Employees in Unit:</b> 8	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 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.

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

**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)

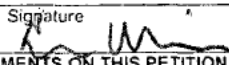
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Friday, December 14, 2018	<b>11c. Election Time(s):</b> 12:00 pm to 12:30 pm	<b>11d. Election Location(s):</b> Conference Room or Break Room in Building 9570	
<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725		<b>12b. Address (street and number, city, state, and ZIP code)</b> 5150 Kearny Mesa Road San Diego, CA 92111	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel No.</b> (858)292-5150 ext. 111	<b>12e. Cell No.</b> (619)787-9475	<b>12f. Fax No.</b> (858)292-5273	<b>12g. E-Mail Address</b> bmiller@iam725.org

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

<b>13a. Name and Title</b> Eric J. Wiesner, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> esencer@unioncounsel.net nikboices@unioncounsel.net, 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.

<b>Name (Print)</b> Eric J. Wiesner	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> November 30, 2018
--	---	--------------------------	----------------------------------

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 A

1. Aircraft Readiness Alliance LLC (ARA) is a joint venture which includes Affordable Engineering Services, Zenetex and Tyonek Services Group.