

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **02-RC-239425** Date Filed **4-11-19**

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 Neighborhood Defender Services of Harlem		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 317 Lenox Avenue, 10th Floor, New York, NY 10027	
3a. Employer Representative - Name and Title Rick Jones, Esq., Executive Director		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 212-876-5500	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rjones@ndsny.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal Services Provider		4b. Principal product or service Legal Services	
		5a. City and State where unit is located: New York, NY	

5b. Description of Unit Involved
Included: All full-time and regular part-time employees employed by the Employer
Excluded: All guards, supervisors, managers and confidential employees as defined by the Act

6a. No. of Employees in Unit:
Approximately 82

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) 4/5/19 and Employer declined recognition on or about 4/10/19 (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): April 26, 2019	11c. Election Time(s): 3 p.m.-7 p.m.	11d. Election Location(s): Moot Courtroom
11e. Full Name of Petitioner (including local name and number) Association of Legal Aid Attorneys, UAW Local 2325		11f. Address (street and number, city, state, and ZIP code) 50 Broadway, Suite 160, New York, NY 10004	

12. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Auto Workers, AFL-CIO

12a. Tel No. 212-343-0708	12b. Cell No.	12c. Fax No.	12d. 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 Allyson Belovin, Attorney		13b. Address (street and number, city, state, and ZIP code) Levy Ratner, P.C., 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel No. 212-627-8100	13d. Cell No. 646-326-9096	13e. Fax No. 212-627-8182	13f. E-Mail Address abelovin@levyratner.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) Allyson Belovin	Signature <i>Allyson Belovin</i>	Title Attorney	Date 04/11/2019
---------------------------------	-------------------------------------	-------------------	--------------------

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.

RECEIVED
NLRB
APR 11 2019
NEW YORK, NY

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-239677	Date Filed 4-16-19

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 Fortune Magazine		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 225 Liberty Street, New York, NY 10281	
3a. Employer Representative - Name and Title Roxanne Flores, Chief People Officer		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 212-552-1093	3d. Cell No. 347-417-1980	3e. Fax No.	3f. E-Mail Address roxanne.flores@fortune.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) News Magazine	4b. Principal product or service News	5a. City and State where unit is located: New York, NY
---	---	--

5b. Description of Unit Involved Included: All unrepresented digital editorial employees at Fortune Magazine, residual to the existing unit of editorial employees. Excluded: Statutory supervisors.		6a. No. of Employees in Unit: Approximately 30
		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"/>

7a. Request for recognition as Bargaining Representative was made on (Date) 3/3/2019 and Employer declined recognition on or about 3/7/2019 (Date) (If no reply received, so state).	
--	--

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NewsGuild of New York, Local 81003, CWA	8b. Address 1500 Broadway, Suite 900, New York, 10036
---	---

8c. Tel. No. 212-575-1580	8d. Cell No. 917-545-2017	8e. Fax No.	8f. E-Mail Address jsanchez@nyguild.org
8g. Affiliation, if any Communication Workers of America		8h. Date of Recognition or Certification In or about 1940	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 3/31/2019

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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
---	--	---

11b. Election Date(s): April 25, 2019	11c. Election Time(s): 12:00 pm - 2:00 pm	11d. Election Location(s): 225 Liberty Street, New York, NY 10281, Room s303 or s309
---	---	--

12a. Full Name of Petitioner (including local name and number) NewsGuild of New York, Local 81003, CWA	12b. Address (street and number, city, state, and ZIP code) 1500 Broadway, Suite 900, New York, 10036
--	---

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

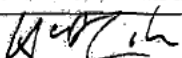
12d. Tel. No. 212-575-1580	12e. Cell No. 917-545-2017	12f. Fax No.	12g. E-Mail Address jsanchez@nyguild.org
--------------------------------------	--------------------------------------	--------------	--

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

13a. Name and Title Hanan Kolko and Samuel Wheeler, Cohen Weiss and Simon LLP		13b. Address (street and number, city, state, and ZIP code) 900 Third Avenue, 21st Floor, New York, NY 10022	
---	--	--	--

13c. Tel. No. 212-356-0214 or 212-356-0268	13d. Cell No. 516-241-6674 or 347-453-6077	13e. Fax No. 646-473-8214 or 646-473-8268	13f. E-Mail Address hkolko@cwsny.com or swheeler@cwsny.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) HANAN KOLKO	Signature 	Title ATTORNEY	Date 4/15/19
------------------------------------	--	--------------------------	------------------------

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 will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)
(2-19)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

02-RC-240128

4/23/19

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: RPAI US Management		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 400 East Fordham Road, Suite 201, Bronx, New York 10458	
3a. Employer Representative - Name and Title: Storey Hess Property Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 646-328-1232	3d. Cell No.	3e. Fax No.	3f. E-Mail Address hess@rpa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Apartment Building		4b. Principal Product or Service Maintenance services	5a. City and State where unit is located: Bronx, New York
5b. Description of Unit Involved: Included: Cleaners, porters, handyman and other service employees Excluded: All guards, supervisors and office employees as defined in the act			5a. Number of Employees in Unit: 5
6a. 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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ no 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)		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? <u>No</u> 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: To be determined			
11b. Election Date(s):		11d. Election Location(s):	
11c. Election Time(s):			
12a. Full Name of Petitioner (including local name and number): Local 1032 L.I.F.E.		12b. Address (street and number, city, State and ZIP code): 325 73 street, Brooklyn, New York 11209	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): League of International Federated Employees			
12d. Tel. No. 718-238-2399	12e. Cell No.	12f. Fax No. 718-680-0842	12g. E-Mail Address dinachiclana@lifeunion.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dina Chiclana Delegate		13b. Address (street and number, city, State and ZIP code): 325 73 street, Brooklyn, New York 11209	
13c. Tel. No. 718-238-2399	13d. Cell No.	13e. Fax No. 718-680-0842	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Dina Chiclana	Signature 	Title delegate	Date 4/22/19

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-240291	Date Filed 4/25/2019

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 CITI PARKING SERVICE LLC AND LENOX PARKING GARAGE LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 380 Lenox Avenue, New York, NY 10027	
3a. Employer Representative - Name and Title Ronald Massie, Managing Partner		3b. Address (if same as 2b - state same) 451 Mansfield Avenue, Darien, Connecticut 06820	
3c. Tel. No. 212-321-2484	3d. Cell No. 646-773-4400	3e. Fax No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Parking Garage	4b. Principal product or service Parking Cars	5a. City and State where unit is located: New York, NY 10027
--	---	--

5b. Description of Unit Involved Included: All full-time and regular part-time parking attendants, managers, and cashiers working at the Employer's parking facility at 380 Lenox Avenue, New York, NY 10027 Excluded: All other employees, guards and supervisors as defined by the Act.		5a. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	---

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>none</u> 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? <u>no</u> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
---	---

11b. Election Date(s): May 10, 2019	11c. Election Time(s): 9:00 AM to 10:00 AM	11d. Election Location(s): 380 Lenox Avenue, New York, NY 10027
---	--	---

12a. Full Name of Petitioner (including local name and number) Garage Employees Union Local 272 International Brotherhood of Teamsters	12b. Address (street and number, city, state, and ZIP code) 220 East 23rd Street, Room 801, New York, NY 10010
--	--

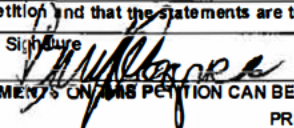
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
See item 12a above

12d. Tel No. 212-726-9726	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 Bruce J. Cooper, Attorney		13b. Address (street and number, city, state, and ZIP code) Pittala LLP, 120 Broadway, 28th Floor, New York, NY 10027	
13c. Tel No. 212-652-3727	13d. Cell No.	13e. Fax No. 212-652-3891	13f. E-Mail Address bcooper@pittalaw.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) Bruce J. Cooper	Signature 	Title Attorney	Date April 26, 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

02-RD-239591

Date Filed

4/12/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to the 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-105); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of 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 Donato Marangi Inc., Cottage Carting Inc., DBA as		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 175 Rte. 303 Valley Cottage NY & 366 Highland Ave. Ext. Middletown NY	
3a. Employer Representative - Name and Title Mike Marangi - Owner		3b. Address (If same as 2b - state name) 175 Rte. 303 Valley Cottage NY	
3c. Tel. No. 845-268-7278	3d. Fax No. 845-268-0352	3e. Cell No.	3f. E-Mail Address info@marangidisposal.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private Sanitation		4b. Principal product or service Waste Collection	
5a. Description of Unit Involved Included: All regular full time and part time employees Excluded: All clerical, security guards, supervisors, etc. as defined by the Act			5b. City and State where unit is located: Valley Cottage NY Middletown NY
6. No. of Employees in Unit: 70	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 Waste Material Recycling & General Industrial Local 108, LIUNA AFL-CIO		8b. Affiliation, if any LIUNA	
8c. Address 121 East 24th Street New York NY 10010		8d. Tel. No. 212-925-9634	8e. Cell No.
		8f. Fax No. 212-925-0941	8g. E-Mail Address
9. Date of Recognition or Certification February 1, 2016		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) January 31, 2019	
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 NONE	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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s) Valley Cottage & Middletown NY locations	
14. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)			
14b. Tel. No.		14c. Fax No.	BY: APR 12 2019
14d. Cell No. (b) (6), (b) (7)(C)		14e. E-Mail Address	
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceedings.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition		I acknowledge and believe.	
Name (Print) (b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)	
		Date Filed	

WARNING: 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 make its processes.

RECEIVED
APR 12 2019