

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

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-254110

Date Filed  
1-3-20

**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  
Tarrytown Honda

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
460 / 480 S. Broadway, Tarrytown, NY 10591

3a. Employer Representative - Name and Title  
Dwight Dachnowicz, Owner

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

3c. Tel. No.  
(914) 768-4472

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
dwightd@tarrytownhonda.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Car Dealer and Service Shop

4b. Principal product or service  
Vehicles and Vehicle Servicing

5a. City and State where unit is located:  
Tarrytown, NY

5b. Description of Unit Involved

Included: ALL FULL-TIME AND PART-TIME SERVICE TECHNICIANS AND PARTS EMPLOYEES

Excluded: ALL SUPERVISORS, OFFICE CLERICAL EMPLOYEES, GUARDS AND OTHERS AS DEFINED IN THE NATIONAL LABOR RELATIONS ACT.

6a. No. of Employees in Unit:  
20

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) 01/03/2020 and Employer declined recognition on or about No Reply (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):  
01/23/2020

11c. Election Time(s):  
3:00PM to 6:00PM

11d. Election Location(s):  
on site lunch/break room

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

UNITED AUTOMOTIVE SALES & SERVICE EMPLOYEES UNION, LOCAL 1A, Affiliated with NOITU-IUJAT

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

148-06 HILLSIDE AVENUE JAMAICA, NY 11435

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
UNITED AUTOMOTIVE SALES & SERVICE EMPLOYEES UNION, LOCAL 1A, Affiliated with NOITU-IUJAT

12d. Tel No.

718-291-3434

12e. Cell No.

12f. Fax No.

718-526-2920

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 Andre Williams, In-House Counsel

13b. Address (street and number, city, state, and ZIP code)  
148-06 HILLSIDE AVENUE JAMAICA, NY 11435

13c. Tel No.

718-291-3434 Ext. 615

13d. Cell No.

13e. Fax No.

718-526-2920

13f. E-Mail Address

awilliams@noitu-arg

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)  
Andre Williams

Signature

Title  
In-House Counsel

Date  
01/03/2020

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.

JAN 03 2020

BY: \_\_\_\_\_

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

DO NOT WRITE IN THIS SPACE

Case No.  
**02-RC-254131**

Date Filed  
**1-6-20**

**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 <b>The Shed</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>545 W 30th St, New York, NY 10001</b>	
3a. Employer Representative - Name and Title <b>Alex Poots, CEO/Artistic Director</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>917-848-4046</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>alex@theshed.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Art Center</b>		4b. Principal product or service <b>Arts</b>	
5b. Description of Unit Involved <b>Included: All full-time and regular part-time Visitor Experience employees</b> <b>Excluded: All other employees and all supervisors, managers and guards</b>		5a. City and State where unit is located: <b>New York, NY</b>	
		6a. No. of Employees in Unit: <b>70</b>	
		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) \_\_\_\_\_ 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). <b>None</b>		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)

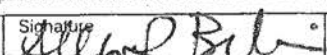
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>Fri., January 17, 2020 &amp; Sat. January 18, 2020</b>	11c. Election Time(s): <b>2-5 p.m.</b>	11d. Election Location(s): <b>Meeting Room 104</b>	
12a. Full Name of Petitioner (including local name and number) <b>Local 2110, Technical, Office and Professional Union, UAW, AFL-CIO</b>		12b. Address (street and number, city, state, and ZIP code) <b>256 West 38th Street, Suite 704, New York, NY 10018</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>Local 2110, Technical, Office and Professional Union, UAW, AFL-CIO</b>			
12d. Tel. No. <b>(212) 387-0220</b>	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 <b>Allyson Belovin, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>Levy Rainer, P.C., 80 8th Avenue, 8th Floor, New York, NY 10011</b>	
13c. Tel. No. <b>212-627-8100</b>	13d. Cell No. <b>646-326-9096</b>	13e. Fax No. <b>212-627-8182</b>	13f. E-Mail Address <b>abelovin@levyratner.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Allyson Belovin</b>	Signature 	Title <b>Attorney</b>	Date <b>1/6/2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

**JAN 06 2020**  
BY: \_\_\_\_\_



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

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-254325

Date Filed  
1-8-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, 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> Laura B. Thomas Houses, LP		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Please see attached.	
<b>3a. Employer Representative - Name and Title</b>		<b>3b. Address (If same as 2b - state same)</b> 1200 Zerega Ave. Bronx, N.Y. 10462	
<b>3c. Tel. No.</b> (718) 822-7377	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (718) 822-7471	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Residential Apartments		<b>4b. Principal product or service</b> Maintenance	<b>5a. City and State where unit is located:</b> New York, N.Y.
<b>5b. Description of Unit Involved</b> <b>Included:</b> Superintendents, handymen, porters <b>Excluded:</b> Supervisors and office employees as defined in the Act.			<b>6a. No. of Employees in Unit:</b> 3 <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) 01/02/2020 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> 01/24/2020	<b>11c. Election Time(s):</b> 12:00pm - 1:30pm	<b>11d. Election Location(s):</b> 170 W 136TH ST New York, N.Y. 10030
<b>12a. Full Name of Petitioner (Including local name and number)</b> L.I.F.E. Local 1032		<b>12b. Address (street and number, city, state, and ZIP code)</b> 325 73rd Street Brooklyn, N.Y. 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

<b>12d. Tel No.</b> (718) 239-2399	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (718) 680-0842	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Larry M. Cole, Esq.		<b>13b. Address (street and number, city, state, and ZIP code)</b> 105 Eisenhower Parkway, Suite 401, Roseland, N.J. 07068	
<b>13c. Tel No.</b> 973-403-9200	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 973-226-0031	<b>13f. E-Mail Address</b> lcole@stargem.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> Larry M. Cole, Esq.	<b>Signature</b> <i>Larry M. Cole</i>	<b>Title</b> Attorney for L.I.F.E. Local 1032	<b>Date</b> January 2, 2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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JAN 08 2020

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

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-254354

Date Filed

1-8-20

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

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

2a. Name of Employer MD Partners Inc. DBA 1-800 Got Junk		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 149 S Middletown Rd. Nanuet, NY 10954	
3a. Employer Representative - Name and Title Mark Weiss		3b. Address (If same as 2b - state same) 115 Franklin Turnpike 383 Mahwah, NJ 07430	
3c. Tel. No. (800) 468-5865	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Management		4b. Principal product or service Trash Removal	
5b. Description of Unit Involved Included: All full-time and part-time drivers, helpers. Excluded: Supervisors and office employees as defined in the Act.		5a. City and State where unit is located: Nanuet, NY	
		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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 01/06/2020 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? 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.

11b. Election Date(s): 01/20/2020	11c. Election Time(s): 7:00am - 8:30am	11d. Election Location(s): 149 S Middletown Rd. Nanuet, NY 10954
12a. Full Name of Petitioner (Including local name and number) L.I.F.E. Local 1032		12b. Address (street and number, city, state, and ZIP code) 325 73RD St. Brooklyn, NY 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 lcole@stargem.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Larry M. Cole, Esq.		13b. Address (street and number, city, state, and ZIP code) Starr, Gem, Davison & Rubin, P.C., 105 Eisenhower Parkway, Suite 401, Roseland, N.J. 07068	
13c. Tel. No. (973) 403-9200	13d. Cell No.	13e. Fax No. (973) 226-0031	13f. E-Mail Address lcole@stargem.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) Larry M. Cole, Esq.	Signature <i>Larry M. Cole</i>	Title Attorney	Date 01/06/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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JAN 08 2020



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

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-254691

Date Filed  
1-16-20

**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 CBT Paratransit Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 50 Snediker st NY Brooklyn 11207-	
3a. Employer Representative - Name and Title Neil Mancuso		3b. Address (if same as 2b - state same) 50 Snediker st NY Brooklyn 11207-	
3c. Tel. No. (347) 410-0885	3d. Cell No.	3e. Fax No.	3f. E-Mail Address nmancuso@cbttrans.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service passenger transport		5a. City and State where unit is located: Bronx, NY
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 160 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) \_\_\_\_\_ 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). Teamsters Local 553, IBT Demos Demopoulos		8b. Address 265 west 14th street NY New York 10011-	
8c. Tel No. (212) 929-6826	8d. Cell No.	8e. Fax No.	8f. E-Mail Address demo553@verizon.net
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification 08/01/2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 07/31/2019

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)

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): 01/31/20	11c. Election Time(s): 0600x0800 1200x1400 1600x1800	11d. Election Location(s): 2383 Black rock ave, Bronx NY Breakroom
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12a. Full Name of Petitioner (including local name and number) Robert Pidgeon Local 854	12b. Address (street and number, city, state, and ZIP code) 260 Butler st NY Brooklyn 11217-
---	--

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

12d. Tel No. (347) 735-2258	12e. Cell No. (347) 735-2258	12f. Fax No.	12g. E-Mail Address TheLocal854@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bryan McCarthy Attorney BCM Associates		13b. Address (street and number, city, state, and ZIP code) 1454 Route 22 Suite B101 NY Brewster 10509-	
13c. Tel No. (914) 588-4480	13d. Cell No. (914) 588-4480	13e. Fax No.	13f. E-Mail Address bcm@bcmassociates.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Robert Pidgeon	Signature Robert Pidgeon	Title President	Date 01/16/2020 09:52:15
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

RECEIVED  
JAN 16 2020

BY: \_\_\_\_\_

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All drivers and Mechanics employed at the facility located at 2383 Blackrock ave, Bronx  
NY

**Employees Excluded**

all managers, professional employees and guards as defined by the act

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

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-254694

Date Filed

1-16-20

**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> Mar-Can Transportation Inc		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 318 East 3rd street NY Mt Vernon 10553-	
<b>3a. Employer Representative - Name and Title</b> Darrin Piro		<b>3b. Address (If same as 2b - state same)</b> 318 East 3rd street NY Mt Vernon 10553-	
<b>3c. Tel. No.</b> (239) 777-0523	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Marcan318@gmail.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Passenger Transport	
<b>5a. City and State where unit is located:</b> Mount Vernon, NY		<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	
<b>6a. No. of Employees in Unit:</b> 230		<b>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"/></b>	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> IBT Local 553 Demos Demopoulos		<b>8b. Address</b> 265 West 14th street NY New York 10011-	
<b>8c. Tel No.</b> (212) 929-6828	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> demo553@verizon.net
<b>8g. Affiliation, if any</b> International Brotherhood of Teamsters		<b>8h. Date of Recognition or Certification</b> 1016-10-01T04:00:00Z	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 09/30/2018			

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

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

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

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> 02/03/2020	<b>11c. Election Time(s):</b> 0600x0800 1200x1400 1400x1600	<b>11d. Election Location(s):</b> 318 east 3rd street Mount vernon NY, 10553
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<b>12a. Full Name of Petitioner (including local name and number)</b> Robert Pidgeon Local 854	<b>12b. Address (street and number, city, state, and ZIP code)</b> 260 Butler st NY Brooklyn 11217-
--	---

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

<b>12d. Tel No.</b> (347) 735-2258	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> TheLocal854@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Bryan McCarthy BCM Associates		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1454 Route 22 Suite B101 NY Brewster 10509-	
<b>13c. Tel No.</b> (914) 588-4480	<b>13d. Cell No.</b> (914) 588-4480	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> bcm@bcmassociates.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Robert Pidgeon	<b>Signature</b> Robert Pidgeon	<b>Title</b> President	<b>Date</b> 01/16/2020 10:47:50
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

RECEIVED  
JAN 16 2020

BY: \_\_\_\_\_

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Full and Part time Drivers and Mechanics employed by Mar-Can Transportation, Inc

Employees Excluded

all managers, professional employees and guards as defined by the act



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

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-254767

Date Filed 1-16-20

**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 Platinum Amenity Services LTD		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 171 Suffolk St, New York, NY 10002	
3a. Employer Representative - Name and Title Joel Berkovic		3b. Address (if same as 2b - state same) 171 Suffolk St, New York, NY 10002	
3c. Tel. No. 212-235-5474	3d. Cell No.	3e. Fax No. 212-235-5475	3f. E-Mail Address EW@pbsfacilityservice.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors		5a. City and State where unit is located: New York, NY 10002	
		6a. No. of Employees in Unit: 8	
		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) \_\_\_\_\_ 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.

11b. Election Date(s): Nearest Monday	11c. Election Time(s): 2:30pm-3:30pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): Employee break room
12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ		12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011	

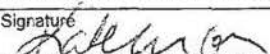
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
SEIU

12d. Tel No. 212 539-2941	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No. 212-388-2062	13f. E-Mail Address Klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 1-16-20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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**  
JAN 16 2020

BY: \_\_\_\_\_

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

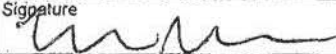
02-RC-254770

Date Filed

1-16-20

**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> Round the Clock Nursery		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 402 W. 145th Street, 2nd Floor, New York, NY 10031 (administrative offices, see attachment A for addresses of all locations)	
<b>3a. Employer Representative - Name and Title:</b> Gail Davis, Owner		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 646-374-0017	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> gail.davis@roundtheclocknursery.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Daycare		<b>4b. Principal Product or Service</b> Childcare	
<b>5a. City and State where unit is located:</b> New York, NY		<b>5b. Number of Employees in Unit:</b> 63	
<b>5c. Description of Unit Involved:</b> <b>Included:</b> All instructional titles (lead, head, assistant teachers) all clerical/admin, cook, janitor <b>Excluded:</b> All supervisors, confidential employees and guards as defined by the Act		<b>6a. 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> 12/20/2019 <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> No 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: in site polling, from 12pm-2pm (lunch) at all locations (listed on Attachment A)			
<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 February 14, 2020		<b>11c. Election Time(s):</b> 12pm-2pm (lunch)	
<b>11d. Election Location(s):</b> at all locations (listed on Attachment A)			
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 205, District Council 37, AFSCME, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 125 Barclay New York, NY, 10007	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of State, County, Municipal Employees			
<b>12d. Tel. No.</b> 212-815-1450	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-597-9539	<b>12g. E-Mail Address</b> tnilliasca@dc37.net
<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> Terri Nilliasca, Assistant General Counsel, DC 37,		<b>13b. Address (street and number, city, State and ZIP code):</b> 125 Barclay New York, NY, 10007	
<b>13c. Tel. No.</b> 212-815-1450	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-597-9539	<b>13f. E-Mail Address</b> tnilliasca@dc37.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> Terri Nilliasca		<b>Signature</b> 	
<b>Title</b> Asst. General Counsel		<b>Date</b> 1-16-2020	

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

PRIVACY AND DISCLOSURE

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.

BY:

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

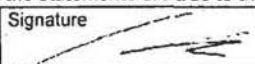
02-RC-254865

Date Filed

1-21-20

**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> BLDG Management		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2090 Seventh Avenue, New York, New York 10027	
<b>3a. Employer Representative - Name and Title:</b> Alan Starkman, Owner		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 212-624-4300	<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> Residential Apartment Building		<b>4b. Principal Product or Service</b> Building Services & Maintenance	
<b>5b. Description of Unit Involved:</b> Included: All full-time and regular part-time employees, including engineers, porters, and handypersons. Excluded: All other employees, including professional employees, office clerical employees, managers, guards and supervisors as defined in the Act.		<b>5a. City and State where unit is located:</b> New York, New York	
		<b>6a. Number of Employees in Unit:</b> 4	
		<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) _____ 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> <u>No</u> <input checked="" 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>			
<b>10a. Name</b> NEW YORK, NY		<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> Feb. 12, 2020		<b>11c. Election Time(s):</b> 12:00 pm - 1:00 pm	
		<b>11d. Election Location(s):</b> Employee breakroom	
<b>12a. Full Name of Petitioner (including local name and number):</b> Stationary Engineers, Maintenance and Building Service Union, Local 670, RWDSU, UFCW, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 299 Broadway, Suite 1000, New York, New York 10007	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Retail, Wholesale and Department Store Union, United Food and Commercial Workers, AFL-CIO			
<b>12d. Tel. No.</b> 212-267-8650	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-385-0208	<b>12g. E-Mail Address</b> dromano@local670.com
<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> Eric J. LaRuffa, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523	
<b>13c. Tel. No.</b> 914-478-2801	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 914-478-2913	<b>13f. E-Mail Address</b> elaruffa@rothmanrocco.com
<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> Eric J. LaRuffa		<b>Signature</b> 	<b>Title</b> Attorney for Local 670, RWDSU, U
			<b>Date</b> 1/21/2020

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-254888

Date Filed

1-21-20

**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> CBT ParaTransit, Inc		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 50 Sneider St NY Brooklyn 11207-	
<b>3a. Employer Representative - Name and Title</b> Neil Mancuso		<b>3b. Address (If same as 2b - state same)</b> 50 Sneider St NY Brooklyn 11207-	
<b>3c. Tel. No.</b> (347) 410-0885	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> nmancuso@cbttrans.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Passengers	
<b>5a. City and State where unit is located:</b> Bronx, NY		<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	
<b>6a. No. of Employees in Unit:</b> 160		<b>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"/></b>	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Teamsters Local 553, IBT Demos Demopoulos		<b>8b. Address</b> 265 West 14th Street NY New York 10011-	
<b>8c. Tel No.</b> (212) 929-6828	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> demo553@verizon.net
<b>8g. Affiliation, if any</b> International Brotherhood of Teamsters		<b>8h. Date of Recognition or Certification</b> 08/01/2016	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 07/31/2019

**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)**

<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>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> 02/03/2020	<b>11c. Election Time(s):</b> 0600x0800 1200x1400 1600x1800	<b>11d. Election Location(s):</b> 2383 Blackrock Ave, Bronx NY
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<b>12a. Full Name of Petitioner (including local name and number)</b> Robert Pidgeon Local 854, Robert Pidgeon	<b>12b. Address (street and number, city, state, and ZIP code)</b> 260 Butler St NY Brooklyn 11217-
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> none			
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<b>12d. Tel No.</b> (347) 735-2258	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> TheLocal854@gmail.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
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<b>13a. Name and Title</b> Bryan McCarthy Attorney BCM Associates	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1454 Route 22 Suite B101 NY Brewster 10509-		
<b>13c. Tel No.</b> (914) 588-4480	<b>13d. Cell No.</b> (914) 588-4480	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> bcm@bcmassociates.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Robert Pidgeon	<b>Signature</b> Robert Pidgeon	<b>Title</b> President	<b>Date</b> 01/21/2020 10:12:18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

RECEIVED  
JAN 21 2020

BY: \_\_\_\_\_

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-254888	1-21-20

Employees Included

All full and part timedrivers and mechanics employed at the facility located at 2383  
Blckrock ave, Bronx, NY

Employees Excluded

all managers, professional employees and guards as defined by the act

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

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-254934	Date Filed 1-22-20
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**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 S. Hyman Plumbing Supplies Co	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 432 Claremont Parkway NY Bronx 10457-
---	---

3a. Employer Representative - Name and Title Stanley M Hyman	3b. Address (If same as 2b - state same) 432 Claremont Parkway NY Bronx 10457-
---	--

3c. Tel. No. (718) 294-1010	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Specialty)	4b. Principal product or service wholesale plumbing fixtures & supplies	5a. City and State where unit is located: Bronx, NY
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5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details	6a. No. of Employees in Unit: 13
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<b>Excluded:</b> See Attached Page 2 for additional details	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) \_\_\_\_\_ 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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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.
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		10e. Fax No.	10f. E-Mail Address
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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
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11b. Election Date(s): 2/21/2020	11c. Election Time(s): 7:00am - 8:00am	11d. Election Location(s): 432 Claremont Parkway, Bronx, NY 10457
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12a. Full Name of Petitioner (including local name and number) Gilberto Mendoza, Local 660, UAW	12b. Address (street and number, city, state, and ZIP code) 100 SOUTH BEDFORD ROAD SUITE 340 NY MT. KISCO 10549-
--	--

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

12d. Tel No. (914) 514-2323	12e. Cell No. (646) 355-5291	12f. Fax No. (914) 514-2401	12g. E-Mail Address GILBERTOTITOMENDOZA@HOTMAIL.COM
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	13b. Address (street and number, city, state, and ZIP code)
---	---

13a. Name and Title	
---------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Gilberto Mendoza	Signature GILBERTO MENDOZA	Title President	Date 01/22/2020 07:42:38
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-254934	1-22-20

Employees Included

all drivers, helpers, warehouse employees, front desk

Employees Excluded

all managers, supervisors and all as defined by the Act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-254943

Date Filed

1-22-20

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: Center for Reproductive Rights		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 199 Water Street, 22nd Floor, New York, NY 10038	
3a. Employer Representative - Name and Title: Nancy Northup, President & CEO		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 917-637-3601	3d. Cell No.	3e. Fax No. 917-637-3666	3f. E-Mail Address nnorthup@reprorights.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Non-profit organization		4b. Principal Product or Service Legal Services	5a. City and State where unit is located: New York, NY and Washington, D.C.
5b. Description of Unit Involved: Included: All full-time and regular part-time employees of the Employer Excluded: All attorneys, guards, managers and supervisors as defined by the Act.			6a. Number of Employees in Unit: Approx. 50
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 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)		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 <input checked="" type="checkbox"/> 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: Manual ballots in NY and D.C., mail ballots to remote employees.			
11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 5, 2020		11c. Election Time(s): 12:00 p.m. to 2:00 p.m.	
11d. Election Location(s): NY Conf. Room 1A or 1B; D.C. Conf Room			
12a. Full Name of Petitioner (including local name and number): Local 2110, Technical, Office & Professional Union, UAW		12b. Address (street and number, city, State and ZIP code): 256 W. 38th Street, Suite 704, New York, NY 10019	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UAW, AFL-CIO			
12d. Tel. No. (212) 387-0220	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: Dana Lossia, Attorney, Levy Ratner, P.C.		13b. Address (street and number, city, State and ZIP code): 80 Eighth Avenue, New York, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (617) 510-0283	13e. Fax No. (212) 627-8182	13f. E-Mail Address dlossia@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) Dana Lossia	Signature <i>Dana Lossia</i>	Title Attorney for Petitioner	Date 1-22-20

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

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-255027

Date Filed  
1-23-20

**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**  
Planned Building Services, Inc. and Planned Lifestyle Services, Inc., part of and related to Planned Companies

**2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)**  
425 West 50th Street, New York, NY 10019

**3a. Employer Representative - Name and Title**  
Robert Francis, President & CEO

**3b. Address (If same as 2b - state same)**  
150 Smith Road, Parsippany, NJ 07050

**3c. Tel. No.**  
973-739-0080

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

**4b. Principal product or service**  
Building services

**5a. City and State where unit is located:**  
New York, NY

**5b. Description of Unit Involved**  
Included: All building service workers  
Excluded: statutory guards and supervisors

**6a. No. of Employees in Unit:**  
8

**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):**  
nearest Thursday

**11c. Election Time(s):**  
2:30pm-3:30pm

**11d. Election Location(s):**  
Lounge - 425 West 50th Street

**12a. Full Name of Petitioner (including local name and number)**  
SEIU Local 32BJ

**12b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street, New York, NY 10011

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

**12d. Tel No.**  
212 388-3800

**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**  
Katchen Locke, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street, New York, NY 10011

**13c. Tel No.**  
212 539 2941

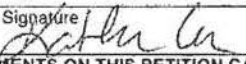
**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**  
klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Katchen Locke

**Signature**  


**Title**  
Attorney

**Date**  
1-16-20

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-255441</b>	Date Filed <b>1-29-20</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> Mar-Can Transportation Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 318 East 3rd street NY Mount Vernon 10553-	
<b>3a. Employer Representative - Name and Title</b> Darrin Piro		<b>3b. Address (If same as 2b - state same)</b> 318 East 3rd street NY Mount Vernon 10553-	
<b>3c. Tel. No.</b> (239) 777-0523	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Marcan318@gmail.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Passenger Transport	
<b>5a. City and State where unit is located:</b> Mount Vernon, NY			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 230
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> IBT Local 553 Demos Demopoulos		<b>8b. Address</b> 265 West 14th street NY New York 10011-	
<b>8c. Tel No.</b> (212) 929-6828	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> demos553@verizon.net
<b>8g. Affiliation, if any</b> International Brotherhood of Teamsters		<b>8h. Date of Recognition or Certification</b> 10/01/2016	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 09/30/2018

**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> 02/03/2020	<b>11c. Election Time(s):</b> 0600x0800 1200x1400 1600x1800	<b>11d. Election Location(s):</b> 318 east 3rd street Mount Vernon NY, 10553
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<b>12a. Full Name of Petitioner (including local name and number)</b> Robert Pidgeon Local 854	<b>12b. Address (street and number, city, state, and ZIP code)</b> 260 Butler st NY Brooklyn 11217-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
none

<b>12d. Tel No.</b> (347) 735-2258	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> TheLocal854@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Bryan McCarthy BCM Associates		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1454 Route 22 Suite B101 NY Brewster 10509-	
<b>13c. Tel No.</b> (914) 588-4480	<b>13d. Cell No.</b> (914) 588-4480	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> bcm@bcmassociates.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Robert Pidgeon	<b>Signature</b> Robert Pidgeon	<b>Title</b> President	<b>Date</b> 01/23/2020 09:34:36
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

**RECEIVED**  
JAN 29 2019

BY: \_\_\_\_\_

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-255441	1-29-20

**Employees Included**

All Full and Part time Drivers and Mechanics employed by Mar-Can Transportation Inc.

**Employees Excluded**

all managers, professional employees and guards as defined by the act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RD-255141

Date Filed

1-24-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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 Compass Group USA Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 78 N. Broadway, White Plains, NY 10605	
3a. Employer Representative - Name and Title Kranis		3b. Address (If same as 2b - state same)	
3c. Tel. No. 914-539-1201	3d. Fax No. 914-422-4657	3e. Cell No. 914-422-4119	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) CAFETERIA		4b. Principal product or service Food	
5a. Description of Unit Involved Included: COOKS, Grill Cooks, Catering, Cashier, Utility Excluded: MANAGERS, SUPERVISORS, chefs, Temps, Interns, students N.Y.		5b. City and State where unit is located: White Plains	
6. No. of Employees in Unit 8	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 LOCAL 1430		8b. Affiliation, if any	
8c. Address 84 BUSINESS PARK DR ARMONK NY 10504		8d. Tel. No. 914-948-3771	8e. Cell No.
		8f. Fax No. 909-391-1131	8g. E-Mail Address DWILAY@1430IBEW.COM
9. Date of Recognition or Certification MARCH 13 2015		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) MARCH 12 2020	
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) NO		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 NO	12b. Address NO	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) 2/14/20	13c. Election Time(s) 2am-4am	13d. Election Location(s) CAFETERIA	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number) (b) (6), (b) (7)(C)		14c. Fax No. (b) (6), (b) (7)(C)	
14b. City and State (b) (6), (b) (7)(C)		14d. E-Mail Address (b) (6), (b) (7)(C)	
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title Individual	
15c. Address (Street) (b) (6), (b) (7)(C)		15d. Cell No. (b) (6), (b) (7)(C)	
15e. Fax No. (b) (6), (b) (7)(C)		15f. E-Mail Address (b) (6), (b) (7)(C)	
15g. City and State (b) (6), (b) (7)(C)		15h. Date Filed 1/24/20	
15i. Title Individual		15j. Date Filed 1/24/20	

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 NLRA uses the information only as 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 public is prohibited; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

JAN 24 2020

BY: \_\_\_\_\_



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RD-255570

Date Filed

1-31-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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3a. Employer Representative - Name and Title Dennis		3b. Address (If same as 2b - state same).	
3c. Tel. No. 914 539-1201	3d. Fax No. 914-422-4657	3e. Cell No. 914 422-4119	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) CAFETERIA		4b. Principal product or service Food	
5a. Description of Unit Involved Included: COOKS, Grill Cooks, Catering, Cashier, Utility Excluded: MANAGERS, SUPERVISORS, chefs, Temps, Interns, students N.Y.		5b. City and State where unit is located: White Plains	
6. No. of Employees in Unit 8	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 LOCAL 1430		8b. Affiliation, if any	
8c. Address 84 Business PARK Dr Armonk NY 10504		8d. Tel. No. 914-448-3771	8e. Cell No.
		8f. Fax No. 914-391-1131	8g. E-Mail Address DWILAY@1430IBEW.COM
9. Date of Recognition or Certification MARCH 13 2015		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) MARCH 12 2020	
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? a labor organization, of	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		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 NO	12b. Address NO	12c. Tel. No. JAN 31 2020	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) 2/14/20	13c. Election Time(s) 2am-4am	13d. Election Location(s) CAFETERIA	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number) (b) (6), (b) (7)(C)		14b. City and State (b) (6), (b) (7)(C)	
14c. Fax No. (b) (6), (b) (7)(C)		14d. E-Mail Address (b) (6), (b) (7)(C)	
15. Representative of the employees for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title Individual	
15c. Address (Street and number) (b) (6), (b) (7)(C)		15d. City and State (b) (6), (b) (7)(C)	
15e. Fax No. (b) (6), (b) (7)(C)		15f. E-Mail Address (b) (6), (b) (7)(C)	
I declare under penalty of perjury that the foregoing is true and correct.		Date Filed 1/24/20	
(b) (6), (b) (7)(C)		Title Individual	
(b) (6), (b) (7)(C)		Date Filed 1/24/20	

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