

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, 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 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
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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)
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): 01/23/2020	11c. Election Time(s): 3:00PM to 6:00PM	11d. Election Location(s): on site lunch/break room
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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

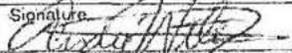
12d. Tel No. 718-291-3434	12e. Cell No.	12f. Fax No. 718-526-2920	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Andre Williams, In-House Counsel	13b. Address (street and number, city, state, and ZIP code) 148-06 HILLSIDE AVENUE JAMAICA, NY 11435
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13c. Tel No. 718-291-3434 Ext. 615	13d. Cell No.	13e. Fax No. 718-526-2920	13f. E-Mail Address awilliams@noitu.org
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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) Andre Williams	Signature 	Title In-House Counsel	Date 01/03/2020
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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

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, 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
The Shed

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
545 W 30th St, New York, NY 10001

3a. Employer Representative - Name and Title
Alex Poots, CEO/Artistic Director

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

3c. Tel. No.
917-848-4046

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
alex@theshed.org

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

4b. Principal product or service
Arts

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

5b. Description of Unit Involved
Included: All full-time and regular part-time Visitor Experience employees
Excluded: All other employees and all supervisors, managers and guards

6a. No. of Employees in Unit:
70

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? _____ 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):
Fri., January 17, 2020 & Sat January 18, 2020

11c. Election Time(s):
2-5 p.m.

11d. Election Location(s):
Meeting Room 104

12a. Full Name of Petitioner (including local name and number)
Local 2110, Technical, Office and Professional Union, UAW, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
256 West 38th Street, Suite 704, New York, NY 10018

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Local 2110, Technical, Office and Professional Union, 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
Allyson Belovin, Attorney

13b. Address (street and number, city, state, and ZIP code)
Levy Rainer, P.C., 80 8th Avenue, 8th Floor, New York, NY 10011

13c. Tel No.
212-627-8100

13d. Cell No.
646-326-9096

13e. Fax No.
212-627-8182

13f. E-Mail Address
abelovin@levyratner.com

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

Name (Print)
Allyson Belovin

Signature
Allyson Belovin

Title
Attorney

Date
1/6/2020

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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RECEIVED
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.

2a. Name of Employer
Laura B. Thomas Houses, LP

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

3a. Employer Representative - Name and Title

3b. Address (If same as 2b - state same)
1200 Zerega Ave. Bronx, N.Y. 10462

3c. Tel. No.
(718) 822-7377

3d. Cell No.

3e. Fax No.
(718) 822-7471

3f. E-Mail Address

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

4b. Principal product or service
Maintenance

5a. City and State where unit is located:
New York, N.Y.

5b. Description of Unit Involved
Included: Superintendents, handymen, porters
Excluded: Supervisors and office employees as defined in the Act.

6a. No. of Employees in Unit:
3

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
01/24/2020

11c. Election Time(s):
12:00pm - 1:30pm

11d. Election Location(s):
170 W 136TH ST New York, N.Y. 10030

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 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

12d. Tel No.
(718) 239-2399

12e. Cell No.

12f. Fax No.
(718) 680-0842

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
Larry M. Cole, Esq.

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

Title
Attorney for L.I.F.E. Local 1032

Date
January 2, 2020

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.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
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

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

5b. Description of Unit Involved
Included: All full-time and part-time drivers, helpers.
Excluded: Supervisors and office employees as defined in the Act.

6a. No. of Employees in Unit:
13

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

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

11a. Election Type: Manual Mail Mixed Manual/Mail

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

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)
Stair, 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
Larry M. Cole

Title
Attorney

Date
01/06/2020

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, 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@cbltrans.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 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).
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

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

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

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: _____

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

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, 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 Mar-Can Transportation Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 318 East 3rd street NY Mt Vernon 10553-	
3a. Employer Representative - Name and Title Darrin Piro		3b. Address (If same as 2b - state same) 318 East 3rd street NY Mt Vernon 10553-	
3c. Tel. No. (239) 777-0523	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Marcan318@gmail.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: Mount Vernon, NY			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 230
Excluded: 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: <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). IBT Local 553 Demos Demopoulos		8b. Address 265 West 14th street NY New York 10011-	
8c. Tel No. (212) 929-6828	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 1016-10-01T04:00:00Z	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 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)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 02/03/2020		11c. Election Time(s): 0600x0800 1200x1400 1400x1600	
11d. Election Location(s): 318 east 3rd street Mount vernon NY, 10553			
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.	12f. Fax No.	12g. E-Mail Address TheLocal854@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Bryan McCarthy 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 10:47:50

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.

FILE
JAN 16 2020

BY: _____

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

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, 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

5a. City and State where unit is located:
New York, NY 10002

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)
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):
Nearest Monday

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

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

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

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.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:
Round the Clock Nursery

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
402 W. 145th Street, 2nd Floor, New York, NY 10031 (administrative offices, see attachment A for addresses of all locations)

3a. Employer Representative - Name and Title:
Gail Davis, Owner

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

3c. Tel. No.
646-374-0017

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
gail.davis@roundtheclocknursery.org

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

4b. Principal Product or Service
Childcare

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

5b. Description of Unit Involved:
Included:
All instructional titles (lead, head, assistant teachers) all clerical/admin, cook, janitor
Excluded:
All supervisors, confidential employees and guards as defined by the Act

6a. Number of Employees in Unit:
63

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) 12/20/2019 and Employer declined recognition on or about (Date) 12/20/2019 (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:
in site polling, from 12pm-2pm (lunch) at all locations (listed on Attachment A)

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
Friday February 14, 2020

11c. Election Time(s):
12pm-2pm (lunch)

11d. Election Location(s):
at all locations (listed on Attachment A)

12a. Full Name of Petitioner (including local name and number):
Local 205, District Council 37, AFSCME, AFL-CIO

12b. Address (street and number, city, State and ZIP code):
125 Barclay New York, NY, 10007

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

12d. Tel. No.
212-815-1450

12e. Cell No.

12f. Fax No.
212-597-9539

12g. E-Mail Address
tnilliasca@dc37.net

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

13a. Name and Title:
Terri Nilliasca, Assistant General Counsel, DC 37,

13b. Address (street and number, city, State and ZIP code):
125 Barclay New York, NY, 10007

13c. Tel. No.
212-815-1450

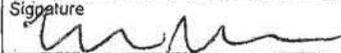
13d. Cell No.

13e. Fax No.
212-597-9539

13f. E-Mail Address
tnilliasca@dc37.net

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

Name (Print)
Terri Nilliasca

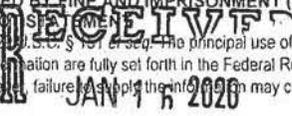
Signature


Title
Asst. General Counsel

Date
1-16-2020

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

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

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

2a. Name of Employer: BLDG Management	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2090 Seventh Avenue, New York, New York 10027
3a. Employer Representative - Name and Title: Alan Starkman, Owner	3b. Address (if same as 2b - state same): same

3c. Tel. No. 212-624-4300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Apartment Building	4b. Principal Product or Service Building Services & Maintenance	5a. City and State where unit is located: New York, New York
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5b. Description of Unit Involved: 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.	6a. Number of Employees in Unit: 4	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---------------------------------------	--

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
--	--------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
--------------	--------------	-------------	--------------------

8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------	--	---

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

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

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 Mail Mixed Manual/Mail

11b. Election Date(s): Feb. 12, 2020	11c. Election Time(s): 12:00 pm - 1:00 pm	11d. Election Location(s): Employee breakroom
---	--	--

12a. Full Name of Petitioner (including local name and number): Stationary Engineers, Maintenance and Building Service Union, Local 670, RWDSU, UFCW, AFL-CIO	12b. Address (street and number, city, State and ZIP code): 299 Broadway, Suite 1000, New York, New York 10007
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Retail, Wholesale and Department Store Union, United Food and Commercial Workers, AFL-CIO

12d. Tel. No. 212-267-8650	12e. Cell No.	12f. Fax No. 212-385-0208	12g. E-Mail Address dromano@local670.com
-------------------------------	---------------	------------------------------	---

13a. Name and Title: Eric J. LaRuffa, Esq.	13b. Address (street and number, city, State and ZIP code): Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523
---	---

13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address elaruffa@rothmanrocco.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) Eric J. LaRuffa	Signature 	Title Attorney for Local 670, RWDSU, U	Date 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

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, 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 Sneider St
NY Brooklyn 11207-

3a. Employer Representative - Name and Title
Neil Mancusso

3b. Address (If same as 2b - state same)
50 Sneider St
NY Brooklyn 11207-

3c. Tel. No. (347) 410-0885 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**
nmanusso@cbtrans.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation **4b. Principal product or service** Passengers **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 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). Teamsters Local 553, IBT Demos Demopoulos **8b. Address**
265 West 14th Street
NY New York 10011-

8c. Tel No. (212) 929-6828 **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): 02/03/2020 **11c. Election Time(s):** 0600x0800 1200x1400 1600x1800 **11d. Election Location(s):** 2383 Blackrock Ave, Bronx NY

12a. Full Name of Petitioner (including local name and number) Robert Pidgeon Local 854, Robert Pidgeon **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.** **12f. Fax No.** **12g. E-Mail Address** TheLocal854@gmail.com

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 01/21/2020 10:12:18
---------------------------------------	------------------------------------	---------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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

RECEIVED
JAN 21 2020

BY: _____

DO NOT WRITE IN THIS SPACE

Attachment

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

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

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

2a. Name of Employer
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**

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

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:
13

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). **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): 2/21/2020 **11c. Election Time(s):** 7:00am - 8:00am **11d. Election Location(s):** 432 Claremont Parkway, Bronx, NY 10457

12a. Full Name of Petitioner (including local name and number)
Gilberto Mendoza
Gilberto Mendoza, Local 660, UWA

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

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

13a. Name and Title **13b. Address (street and number, city, state, and ZIP code)**

13c. Tel No. **13d. Cell No.** **13e. Fax No.** **13f. E-Mail Address**

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

Name (Print) Gilberto Mendoza **Signature** GILBERTO MENDOZA **Title** President **Date** 01/22/2020 07:42:38

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
 REGISTRATION
 2020 JAN 21 PM 2:13
 NEW YORK

DO NOT WRITE IN THIS SPACE

Case

Date Filed

02-RC-254934

1-22-20

Attachment

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

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

2a. Name of Employer: 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.
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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: 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? _____, 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: Manual Mail 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
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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
--	---------------	--------------	---------------------

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 	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

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-255027	Date Filed 1-23-20

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

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

2a. Name of Employer
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

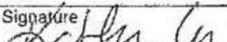
12d. Tel No. 212 388-3800 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address**

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

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
REGION 2
NEW YORK
JAN 27 PM 3:05
NEW YORK

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-255441	Date Filed 1-29-20

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

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

2a. Name of Employer Mar-Can Transportation Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 318 East 3rd street NY Mount Vernon 10553-	
3a. Employer Representative - Name and Title Darrin Piro		3b. Address (if same as 2b - state same) 318 East 3rd street NY Mount Vernon 10553-	
3c. Tel. No. (239) 777-0523	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Marcan318@gmail.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: Mount Vernon, NY

5b. Description of Unit Involved		6a. No. of Employees in Unit: 230
Included: 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"/>
Excluded: 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.

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

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): 02/03/2020	11c. Election Time(s): 0600x0800 1200x1400 1600x1800	11d. Election Location(s): 318 east 3rd street Mount Vernon NY, 10553

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.	12f. Fax No.	12g. E-Mail Address TheLocal854@gmail.com
---------------------------------------	----------------------	---------------------	---

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

13a. Name and Title Bryan McCarthy 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

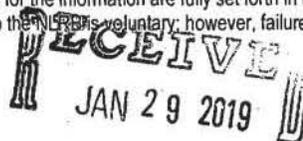
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Robert Pidgeon	Signature Robert Pidgeon	Title President	Date 01/23/2020 09:34:36
---------------------------------------	------------------------------------	---------------------------	------------------------------------

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.



BY: _____

DO NOT WRITE IN THIS SPACE

Case

Date Filed

02-RC-255441

1-29-20

Attachment

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, 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 DWILBY@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 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
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13b. Election Date(s) 2/19/20	13c. Election Time(s) 2am-4am	13d. Election Location(s) CAFETERIA
----------------------------------	----------------------------------	--

14. Full Name of Petitioner (b) (6), (b) (7)(C)		14c. Fax No.	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(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)	15e. Fax No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title Individual	Date Filed 1/24/20
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STATEMENTS OF PETITIONER AND EMPLOYER. FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 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 NLRB uses the information for the purposes 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.

RECEIVED
JAN 24 2020

BY: _____

Case No. 02-RD-255570
Date Filed 1-31-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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: **IRANIS**
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? Yes 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? Yes No
11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (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.: **BY:** 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: Manual Mail 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)**

15. Representative of the Petitioner (Name and Title) (Insert Name and Title) 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)**

I declare that the foregoing is true and correct to the best of my knowledge and belief.
Signature: **(b) (6), (b) (7)(C)** Title: **Individual** Date Filed: **1/24/20**

STATEMENTS OF THE PETITIONER BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 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.