

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-230371	Date Filed 11/1/18

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

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

2a. Name of Employer DGC Operations LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3330 RT 6, Middletown, New York 10940	
3a. Employer Representative - Name and Title Ben Stanley - Plant Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 845-378-1900	3d. Cell No. 845-649-8300	3e. Fax No. 845-378-1879	3f. E-Mail Address b.stanley@dgc-ops.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) power plant		4b. Principal product or service energy	
5a. City and State where unit is located: Middletown, New York			5b. Description of Unit Involved Included: All full time and regular part time IC&E Techs, Maintenance Mechanics, Lead Operators, OpTech1s, Op.Tech2s Excluded: All office clerical employees, professional employees, guards and supervisors under the Act
6a. No. of Employees in Unit: 16			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) **11/01/18** 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).		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): November 19th, 2018	11c. Election Time(s): 6:00am to 9:00am	11d. Election Location(s): Conference room at the facility
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 30		12b. Address (street and number, city, state, and ZIP code): 16-16 Whitestone Expressway, Whitestone, New York	

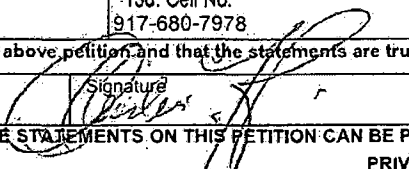
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No. 917-680-7978	12e. Cell No. 917-680-7978	12f. Fax No. 718-805-2172	12g. E-Mail Address andrespuerta@iuoelocal30.org
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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 Andres Puerta Director of Special Projects		13b. Address (street and number, city, state, and ZIP code): 16-16 Whitestone Expressway, Whitestone, New York 11357	
13c. Tel No. 917-680-7978	13d. Cell No. 917-680-7978	13e. Fax No. 718-805-2172	13f. E-Mail Address andrespuerta@iuoelocal30.org

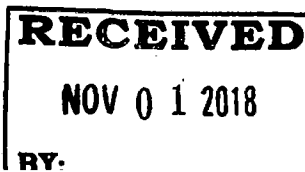
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Andres Puerta	Signature 	Title Director of Special Projects	Date 11/01/2018
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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.



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No	02-RC-230398
Date Filed	11/2/18

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 Transdev		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 260 Old Route 17, Hillburn, NY 10931	
3a. Employer Representative - Name and Title Marjorie Chin		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 646-805-0671	3d. Cell No. 845-263-2894	3e. Fax No.	3f. E-Mail Address marjorie.chin@transdev.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Company		4b. Principal product or service Transportation	
5a. City and State where unit is located: Hillburn, NY		5b. Description of Unit Involved Included: all full-time and regular part-time Drivers Excluded:	
6a. No. of Employees in Unit: 55		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) 11/2/18 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No reply**
☐ 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)
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): November 16, 2018	11c Election Time(s): 10am to 4pm	11d Election Location(s): Pick Room
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12a. Full Name of Petitioner (including local name and number)
Transport Workers Union, Local 100, AFL-CIO

12b Address (street and number, city, state, and ZIP code)
195 Montague Street, Brooklyn NY 11201

12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
Transport Workers Union of America AFL-CIO

12d Tel No
212-873-6000

12e Cell No.
646-785-1152

12f Fax No
212-245-4102

12g E-Mail Address
dtreffe@twulocal100.org

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

13a. Name and Title
Damian Treffe

13b. Address (street and number, city, state, and ZIP code)
195 Montague Street, 3th Floor Brooklyn NY 11201

13c Tel No
212-873-6000 ext 2075

13d Cell No
646-785-1152

13e Fax No.

13f E-Mail Address
dtreffe@twulocal100.org

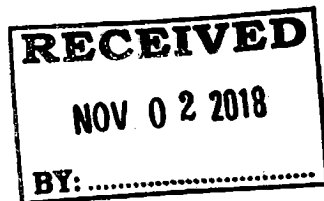
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Damian Treffe Signature [Signature] Title Staff Attorney Date 11/2/18

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

PRIVACY ACT STATEMENT

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



UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-230433	Date Filed 11/5/18

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 ACV Enviro		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1106 River Rd NY New Windsor 12553-6728	
3a. Employer Representative - Name and Title Richard Ziskin Esq.		3b. Address (If same as 2b - state same) 6268 Jericho Tpke, Suite 12A NY Commack 11725	
3c. Tel. No. (631) 462-1417	3d. Cell No. (516) 965-3183	3e. Fax No. (631) 462-1486	3f. E-Mail Address richard@ziskinlawfirm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	5a. City and State where unit is located: New Windsor, NY
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 05 2018 BY: </div>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		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): November 26, 2018	11c. Election Time(s): 5:00 a.m. - 7:00 a.m.; 5:00 p.m. to 7:00 p.m.	11d. Election Location(s): 1106 River Road, New Windsor, NY 12553	
12a. Full Name of Petitioner (including local name and number) Kevin Young International Union of Operating Engineers Local 825		12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue Third Floor NJ Springfield 07081	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers			
12d. Tel No. (732) 713-5049	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kyoung@iuoe825.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Daniel C Stark Esq. Attorney DeCotis FitzPatrick Cole & Giblin LLP		13b. Address (street and number, city, state, and ZIP code) 500 Frank W. Burr Blvd. Suite 31 NJ TEANECK 07666	
13c. Tel No. (201) 347-2129	13d. Cell No. (201) 213-0458	13e. Fax No. (201) 928-0588	13f. E-Mail Address dastark@decotislaw.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) Daniel C Stark Esq.	Signature Daniel Stark	Title Attorney	Date 11/4/2018 11:23:40

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 02-RC-230433	Date Filed 11/5/18

Employees Included

Field Technicians, Operators, Drivers, Workings Supervisors, Working Foremen,
Mechanics

Employees Excluded

Office clerical employees, managerial employees, guards, supervisors, and
professional employees as denied by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **02-RC-230526** Date Filed **11-2-18**

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 **Breaking Ground, Inc.** **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** **505 8th Avenue, New York, N.Y. 10018**

3a. Employer Representative - Name and Title **Shanna Wertheimer, Manager** **3b. Address (If same as 2b - state same)** **133 Pitt Street, New York, NY 10002**

3c. Tel. No. **212-389-9382** **3d. Cell No.** **N/A** **3e. Fax No.** **N/A** **3f. E-Mail Address** **N/A**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Residential Building, Mental Disable** **4b. Principal product or service** **Building Maintenance** **5a. City and State where unit is located:** **New York, N.Y.**

5b. Description of Unit Involved
Included: Porters, Handymans and Engineers.
Excluded: Security, Office Staff and Supervisors
6a. No. of Employees in Unit: **7**
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)** **10-19-2018** **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). **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): **11-30-2018** **11c. Election Time(s):** **2:00 pm to 4:00 pm** **11d. Election Location(s):** **133 Pitt Street, New York, N.Y. 10002**

12a. Full Name of Petitioner (including local name and number) **Teamsters Local 210 - IBT** **12b. Address (street and number, city, state, and ZIP code)** **55 Broad Street, 11th Floor, New York, N.Y. 10004**

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

12d. Tel No. **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address**
N/A **N/A** **N/A** **N/A**

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

13a. Name and Title **Pedro Cardi, Vice President** **13b. Address (street and number, city, state, and ZIP code)** **55 Broad Street, 11th Floor, New York, N.Y. 10004**

13c. Tel No. **13d. Cell No.** **13e. Fax No.** **13f. E-Mail Address**
N/A **917-657-3511** **212-4599674** **jrcardi@aol.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) **Pedro Cardi** **Signature** **Pedro Cardi** **Title** **Vice President** **Date** **10-30-2018**

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PRIVACY ACT STATEMENT

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NLRB REGION 20 RECEIVED NOV -2 PM 3:17 2018

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
02-RC-230691	11-7-18

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 212 Fifth Avenue Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 212 5th Ave, New York, NY 10010	
3a. Employer Representative - Name and Title Brooke Rosenthal		3b. Address (If same as 2b - state same) 622 3rd Avenue 15th FL, New York, NY 10017	
3c. Tel. No. 516-312-8611	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Brooke.Rosenthal@fsresidential.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 10004	
		6a. No. of Employees in Unit: 11	
		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.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): nearest Monday	11c. Election Time(s): 2:30-3:30 pm	11d. Election Location(s): Employee locker room in the sub cellar
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 LOCAL 32BJ

12d. Tel. No. 212 388-3800	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. 646-340-6996	13e. Fax No.	13f. E-Mail Address klocke@seiu32bj.org

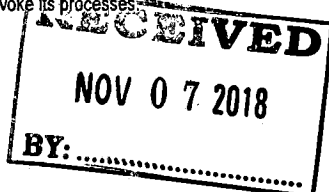
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 11/7/18
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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.



UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-230739

Date Filed

11/8/18

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

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

2a. Name of Employer: Greyston Foundation Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 21 Park Ave, Yonkers Ny 10703	
3a. Employer Representative - Name and Title: Mike Brady / Albert supervisor		3b. Address (If same as 2b - state same): same	
3c. Tel. No. 914-376-3900	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Services		4b. Principal Product or Service sanitation	
5b. Description of Unit Involved: Included: All regular fulltime and regular parttime Sanitation workers. Excluded: All supervisors, guards and professionals as defined by the act.		5a. City and State where unit is located: Yonkers, NY 6a. Number of Employees in Unit: 6 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:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Nov. 16th		11c. Election Time(s): 9am to 9:30am	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Local 1430		12b. Address (street and number, city, State and ZIP code): 84 Business Park Drive, Armonk NY 10504 Suite 202	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood Electrical Workers			
12d. Tel. No. 914-948-3771	12e. Cell No. 631-559-5045	12f. Fax No. 914-948-3361	12g. E-Mail Address sgonzalez@1430ibew.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Samuel Gonzalez / President		13b. Address (street and number, city, State and ZIP code): 84 Business Park Drive, Armonk NY 10504	
13c. Tel. No. 914-948-3771	13d. Cell No. 631-559-5045	13e. Fax No. 914-948-3361	13f. E-Mail Address sgonzalez@1430ibew.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) Samuel Gonzalez	Signature Samuel Gonzalez	Title President	Date 10/30/18

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-230811

Date Filed

11/9/18

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

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

2a. Name of Employer:
HNY Ferry, LLC, d/b/a NYC Ferry

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
GMD Shipyard, Brooklyn Navy Yard, Building 595, 63 Flushing Ave. Unit 276, Brooklyn, NY 11205

3a. Employer Representative - Name and Title:
VP Cameron Clark

3b. Address (if same as 2b - state same):
Hornblower, 110 Wall St. New York, NY 10005

3c. Tel. No.
888-467-6256

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal Product or Service
Transportation

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

5b. Description of Unit Involved:
Included:
Small vessel operators (Captains)
Excluded:
Deck hands, ticket takers, G.S.As, Mechanics

6a. Number of Employees in Unit:
35

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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
ASAP

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Marine Engineers' Beneficial Association, District No. 1
PCD (AFL-CIO)

12b. Address (street and number, city, State and ZIP code):
444 N. Capitol St. Suite 800, Washington, DC 20001

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

12d. Tel. No.
202-638-5355

12e. Cell No.
443-676-6248

12f. Fax No.
202-638-5369

12g. E-Mail Address:
bvanloo@mebaunion.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:
13a. Name and Title:
Bill Van Loo, Secretary Treasurer

13b. Address (street and number, city, State and ZIP code):
same as MEBA202-638-5355

13c. Tel. No.

13d. Cell No.
443-676-6248

13e. Fax No.
202-638-5369

13f. E-Mail Address:
bvanloo@mebaunion.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)
Bill Van Loo

Signature

Title
Secretary Treasurer

Date
11/07/18

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-231121	Date Filed 11/16/18

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 Apicha Health Care Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 400 Broadway, New York, NY 100013	
3a. Employer Representative - Name and Title Karen Bradunas, Director of Human Resources		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 646-884-5381	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kbradunas@apicha.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Community Health Clinic		4b. Principal product or service Health Care	5a. City and State where unit is located: New York, NY
5b. Description of Unit Involved Included: All full time and regular part time, including per diem, employees employed by the Employer. To be eligible, employees must have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election. Excluded: All other employees, managerial and confidential employees, guards, and supervisors as defined in the Act.			6a. No. of Employees in Unit: Approximately 90 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)
N/A

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): 12/5/18	11c. Election Time(s): 8:30 am to 10:30 am, 3 pm to 6 pm	11d. Election Location(s): Room 6 in the basement of the Employer's facility
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12a. Full Name of Petitioner (Including local name and number) 1199 SEIU United Healthcare Workers East	12b. Address (street and number, city, state, and ZIP code) 330 West 42nd Street, 15th Floor, NY, NY 10036 attn: Rafael Justo
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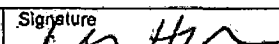
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address rafael.justo@1199.org
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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 Jessica E. Harris, Esq.		13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif, & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003	
13c. Tel No. 212-228-7727	13d. Cell No.	13e. Fax No. 212-228-7654	13f. E-Mail Address jharris@grmny.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) Jessica E. Harris	Signature 	Title Attorney	Date 11/16/18
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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

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RECEIVED

NOV 16 2018

BY:

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
2-RC-231626Date Filed
11/27/18

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

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

2a. Name of Employer:
USIC/RECONN**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**
100 Marcus Blvd. Suite 3 Hauppauge, NY 11788**3a. Employer Representative - Name and Title:**
Christa Harrel VP HR**3b. Address (if same as 2b - state same):**
same as above**3c. Tel. No.**
800-262-8600**3d. Cell No.****3e. Fax No.**
631-328-0249**3f. E-Mail Address****4a. Type of Establishment (Factory, mine, wholesaler, etc.)****4b. Principal Product or Service****5a. City and State where unit is located:****5b. Description of Unit Involved:**Included:
Utility Gas Contractor**6a. Number of Employees in Unit:**
87Excluded:
Clerical, Supervisors, and Guards Personnel**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
None**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):**

Any Monday through Friday

11c. Election Time(s):

9:00AM through 3 PM

11d. Election Location(s):

TBA. The group meets in public parks in NY

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

Robert Mahoney Utility Workers Union of America

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

217 Ponderosa Dr Hanover, MA 02339

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**12d. Tel. No.****12e. Cell No.**

781-858-1972

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:**

Robert Mahoney Director UWUA

13b. Address (street and number, city, State and ZIP code):**13c. Tel. No.****13d. Cell No.**

781-858-1972

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)**

ROBERT MAHONEY

Signature

Robert Mahoney

Title

Director UWUA

Date

11/23/18

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
PETITION

FORM EXEMPT UNDER 44 U.S.C.

DO NOT WRITE IN THIS SPACE

Case No. **02-RD-230424**

Date Filed **11/5/18**

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located.

The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)

- ☐ **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.
- ☐ **RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☒ **RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ **UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ **UC-UNIT CLARIFICATION** - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. _____
- ☐ **AC-AMENDMENT OF CERTIFICATION** - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer UDR, Inc.		Employer Representative to contact Mary Akers, SVP Human Resources		Tel. No. 720-283-6090
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1745 Shea Center Drive, Ste 200, Highlands Ranch, Colorado, 80129				Fax No. 720-922-6030
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Building		4b. Identify principal product or service Building Services		Cell No.
				e-Mail makers@udr.com
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Included All full-time and part-time Superintendents, Doormen, and Porters employed by the Employer at 120 W 21st Street, New York, NY 10011. Excluded All others employees, guards and supervisors as defined by the Act.				6a. Number of Employees in Unit: Present 7 Proposed (By UC/AC)
				6b. Is this petition supported by 30% or more of the employees in the unit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Not applicable in RM, UC, and AC

(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. <input type="checkbox"/> 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. <input type="checkbox"/> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8. Name of Recognized or Certified Bargaining Agent (If none, so state.) Local No. 2, Building Service Employees & Factory Workers USWA, IUJAT	
Affiliation	
Address 82-01 Rockaway Blvd., Suite 130, Ozone Park NY 11416	
Tel. No. 718-296-7017	Date of Recognition or Certification
Cell No.	Fax No. 718-296-4877
e-Mail	
9. Expiration Date of Current Contract, if any (Month, Day, Year) October 31, 2018	
10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day and Year)	

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Petitioner (and 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 unit described in item 5 above. (If none, so state):

Name	Address	Tel. No.	Fax No.
		Cell No.	e-Mail

13. Full name of party filing petition (If labor organization, give full name including local, state, and number)
(b) (6), (b) (7)(C)

14a. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. EXT	14c. Fax No.
		Cell No.	14e. e-Mail (b) (6), (b) (7)(C)

15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If no such organization, so state)

I declare that I have read the above petition and that the statements are true (b) (6), (b) (7)(C)			
Name (Print) (b) (6), (b) (7)(C)		Title (if any) Doorman	
Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)		Fax No.	e-Mail (b) (6), (b) (7)(C)
		Cell No. (b) (6), (b) (7)(C)	

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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

02-RD-230643

Date Filed

11/7/18

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 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 US Security Associates, inc		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 47 B-way, Suite 1836, New York, NY 10004-3855	
3a. Employer Representative - Name and Title Federal Contract Guards of America		3b. Address (if same as 2b - state same) 1776 S 445 Park Avenue New York, NY 10022	
3c. Tel. No. 212-541-3753	3d. Fax No. 917-322-2105	3e. Cell No. 631-983-7972	3f. E-Mail Address www.FCGOA.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Housing Complex EMP		4b. Principal product or service Security	
5a. Description of Unit Involved Included: ALL GUARDS EMPLOYED AT 319 E. 24TH ST, NY, NY Excluded: ALL OTHER EMPLOYEES			5b. City and State where unit is located: NY-NY

6. No. of Employees in Unit 30 Guard	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 Federal Contract Guards of America		8b. Affiliation, if any None	
8c. Address 445 Park Ave New York, NY 10022		8d. Tel. No. 212-541-3753	8e. Cell No. 631-983-7972
		8f. Fax No. 917-322-2105	8g. E-Mail Address memberservices@fcgoa.com
9. Date of Recognition or Certification unknown		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) OCT 20 th 2018	

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 those named in items 3 and 4, which have sought 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	12b. Address	12c. Tel. No.	12d. Fax No.
NOV 07 2018 BY:		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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Nov. 29, 2018	13c. Election Time(s) 7:30A-8:30A + 3:30P-4:30P	13d. Election Location(s) COMMUNITY ROOM AT 319 E. 24TH ST, NY, NY	

14. (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)	
(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.		15b. Title AN INDIVIDUAL	
15a. Name (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)	

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
(b) (6), (b) (7)(C)	Sig (b) (6), (b) (7)(C)	Title AN INDIVIDUAL	Date Filed

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