### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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

RC PE	TITION				I.	,_,	
INSTRUCTIONS: Unless e-Filed us in which the employer concerned	s located. The petit	tion must be ac	companied by	both a showing of	interest (se	ee 6b below) and a certificate	ļ. 3
of service showing service on the (Form NLRB-505); and (3) Descript	ion of Representation	on Case Proced	lures (Form NL				
with the NLRB and should not be s				<del> </del>	<del> </del>		
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relations	esires to be certified as re	epresentative of the	employees. The	Petitioner alleges that	the followin	g circumstances exist and	
2a. Name of Employer DGC Operations LLC	<del></del>	2b. Address(e 3330 RT 6	s) of Establishmer , Middletown	it(s) involved <i>(Street and</i> , New York 1094	d number, city		
3a. Employer Representative – Name and Ben Stanley – Plant Manager	l Title	3b. A same	•	s 2b – state same)	·		
3c. Tel. No. 845-378-1900	3d. Cell No. 845-649-8300	845-	378-1879			dgc-ops.com	
4a. Type of Establishment (Factory, mine, v power plant	vholesaler, etc.) 4b. P. Ener	nncipal product or s gy	service			and State where unit is located: town, New York	
5b. Description of Unit Involved Included: All full time and regula		Techs, Mainte	enance Mech	nanics, Lead Ope	erators,	6a. No. of Employees in Unit:	<del>,</del>
OpTech1s, Op Tech2 Excluded: All office clerical employ	s ees, professional ei	mployees, guai	rds and super	visors under the Ac	at i	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
no reply	cognition as Bargaining F  (Date) (If no re	ply received, so sta	te).			lined recognition on ar about	
8a. Name of Recognized or Certified Bar			8b. Address				
8c. Tel No.	8d Cell No.	8e. Fa	x No.	]. 8	f, E-Mail Add	ress	
8g. Affiliation, if any		8h. Dat	e of Recognition o			Date of Current or Most Recent y (Month, Day, Year)	
9. )s there now a strike of picketing at the E (Name of labor organization)	mployer's establishment(	· · · · · · · · · · · · · · · · · · ·			loyees are pa	irticipating?	
10. Organizations or individuals other than f known to have a representative interest in a					sentatives and	d other organizations and individual	Ś
10aName	10b Address	· · · · · · · · · · · · · · · · · · ·	············	10c. Tel. No.		10d. Cell No.	_
				10e. Fax No.		10f. E-Mail Address	
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>		1 1	n with respect to	11a. Election Type:		Mail Mixed Manual/Mail	
11b. Election Date(s): lovember 19th, 2018	11c. Election T 6:00am to 9:0			11d Election Location Conference room at	the facility		
12a, Full Name of Petitioner ( <i>including lo</i> nternational Union of Operating Er	igineers Local 30			16-16 Whitestone E		city, state, and ZIP code) Whitestone, New York	
12c. Full name of national or international la nternational Union of Operating Engine	ers	1 Petitioner is an an			2g. E-Mail Ad	ldrass	
12d. Tel No. 17-680-7978	12e. Cell No. 917-680-7978	718-80	05-2172	ar		@iuoelocal30.org	
13. Representative of the Petitioner who 13a. Name and Title Andres Puerta   D		rojects   13b.	ddress (street an	sentation proceeding. d number, city, state, an ay, Whitestone, New York 1		,	
13c. Tel No. 17-680-7978	13d. Cell No. 917-680-7978		ax.No. 05=2172:		3f. E-Mail Add drespuerta(	dress @iuoelocal30:org:	
I declare that I have read the above peliti	and that the stateme	ints are true to the	best of my know				
Name (Print) Andres Puerta	nature (	Title Directe	or of Special Pro	pjects	Date 11/01/2018		_
WILLIAM CALOR CWATERIES	ITO ON THE BETTERON	CAN BE DUNCE!	D DV EINE AND	MODICOMMENT OLD	CODE TITLE	E 49 SECTION 4004)	

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

PRIVACY ACT STATEMENT

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

NOV 0 1 2018

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WR	ITE IN THIS SPACE
Case No O2 DC 220200	Date Filed
02-RC-230398	11/2/10

RC PE	HIION		02	2-1(C-230376		11/2/18		
INSTRUCTIONS: Unless e-Filed us						an NLRB office in the Region		
in which the employer concerned in								
of service showing service on the	employer and	all other part	ies named in the petiti	ion of: (1) the petiti	on; (2) Stat	tement of Position form		
(Form NLRB-505); and (3) Descript	ion of Represe	entation Case	Procedures (Form NL	LRB 4812). The sh	owing of in	terest should only be filed		
with the NLRB and should not be s	with the NLRB and should <u>not</u> 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	2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
Transdev		260	Old Route 17, Hillbur					
3a. Employer Representative - Name and	Title		3b, Address (If same a	is 2b – state same)				
Marjorie Chin	04 6-010		Same					
3c Tel. No. 646-805-0671	3d. Cell No. 845-263-289	1/1	3e. Fax No.	į.	3f. E-Mail Ad			
4a Type of Establishment (Factory, mine, v			roduct or service	!'		nin@transdev.com v and State where unit is located:		
Transportation Company	mulesaler, etc.)	Transportati			Hillbur			
5b. Description of Unit Involved					1	6a. No. of Employees in Unit:		
Included: all full time and so	aular part	timo Deive	ore			55		
Included: all full-time and regular part-time Drivers  Excluded:  Excluded:								
Check One: / 7a Request for re	cognition as Barg	aining Represen	tative was made on (Date)	11/2/18 and	Employer de	clined recognition on or about		
	(Date) (	If no reply receiv	red, so state). No repl	V				
	rrently recognize	d as Bargaining l	Representative and desires		Act.			
8a. Name of Recognized or Certified Bar None	gaining Agent <i>(it</i>	none, so state)	. 8b, Address					
8c Tel No.	8d Cell No		l 8e, Fax No.	1	8f. E-Mail Ad	dress		
8g Affiliation, if any			<u> </u>			expiration Date of Current or Most Recent tract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the El (Name of labor organization)	nployer's establis		d? If so, appro-	ximately how many emp	oloyees are p	articipating?		
10. Organizations or individuals other than f	Patitioner and that				sentatives ar	nd other organizations and individuals		
known to have a representative interest in a					Scillauves al	o other organizations and individuals		
10a. Name	10b. Add	Iress		10c Tel. No		10d. Cell No.		
				10e Fax No		10f. E-Mail Address		
11 Election Details: If the NLRB conducts any such election	an election in this	matter, state yo	our position with respect to	11a Election Type: Manual Mail Mixed Manual/Mail				
11b Election Date(s):         11c. Election Time(s):           November 16, 2018         10am to 4pm				11d. Election Location(s): Pick Room				
12s. Full Name of Petitloner ( <i>including local name and number)</i> Fransport 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 (abor organization of which Petitioner is an affiliate or constituent (if none, so state) Fransport Workers Union of America AFL-CIO								
T T T T T T T T T T T T T T T T T T T			12f. Fax No 212-245-4102		12g E-Mail A	ddress		
13. Representative of the Petitioner who	will accept service	e of all papers		sentation proceeding.				
13a. Name and Title Damian Treffs  13b. Address (street and number, city, state, and ZIP code) 195 Montague Street, 3th Floor Brooklyn NY 11201								
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dtreffs@twulocal100.org					1			
I declare that I have read the above petiti		tatements are t	rue to the best of my know		51,5@(44010			
	nature		Title / Co	1.1	Date	100		
DAMIAN VEKK	7/m	Sam	1 Stall	MURNEY	COOK TITE	11/2/18		

### 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.



13a. Name and Title

(201) 347-2129

Name (Print)

Daniel C Stark Esq. Attorney
DeCotiis FitzPatrick Cole & Giblin LLP

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

			_						
NATIONAL LABOR		IRD		Case No. 02-RC-230433		3 Da	ate Filed 11/5/18		
						<b>5</b> (()	All DD 66 1 (1 D 1		
INSTRUCTIONS: Unless e-Filed us									
in which the employer concerned i									
of service showing service on the									
(Form NLRB-505); and (3) Descript					RB 4812). The si	howing of	interest should only be filed		
with the NLRB and should not be s	erved on the	employer or any	v other p	arty.					
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner dependence of the second secon	RTIFICATION OF esires to be certifi	REPRESENTATIV	VE - A subs	stantial number	of employees wish to Petitioner alleges th	o be represer nat the follow	nted for purposes of collective		
requests that the National Labor Relat	ions Board proc	eed under its prop	per author	ity pursuant to	Section 9 of the Na	ational Labo	r Relations Act.		
2a. Name of Employer					(s) involved (Street a	and number,	city, State, ZIP code)		
ACV Enviro		NY	06 River R	dsor 12553-672	3				
3a. Employer Representative – Name and	Title		3b. Addr	ess (If same as	2b – state same)				
Richard Ziskin Esq.	0.00			68 Jericho Toke Commack 1172	25	06 E M-:1 4			
3c. Tel. No.	3d. Cell No.		3e. Fax N			3f. E-Mail A	Address kinlawfirm.com		
(631) 462-1417  4a. Type of Establishment (Factory, mine, v	(516) 965-3183	4b. Principal prod	(631) 462				ity and State where unit is located:		
4a. Type of Establishment (Factory, mine, v	molesaler, etc.)	40. Pilitipai proc	auct or serv			<b>-</b>	New Windsor, NY		
5b. Description of Unit-Involved	<del></del>		× .	REC	RIVED	) — —	6a. No. of Employees in Unit:		
	and admitted			l		1	5		
Included: See Attached Page 2 for addition	iai detaiis			NOV	0 5 2018		6b. Do a substantial number (30%		
Evaludad				1	0 0 55.5	1	or more) of the employees in the unit wish to be represented by the		
Excluded: See Attached Page 2 for addition	nal details			BY:	*************	1	Petitioner? Yes [ No [ ]		
Check One: 7a. Request for re	cognition as Baro	aining Representat	ive was ma				declined recognition on or about		
Tal. Requestion to		If no reply received		, , , _		a Employer (	scomed recognition on a boat		
7b. Petitioner is ci					ertification under the	Act.			
8a. Name of Recognized or Certified Bar	gaining Agent (If	none, so state).		8b. Address					
						64 E 14 11 4			
8c. Tel No.	8d Cell No.		8e. Fax N	NO.		Address			
8g. Affiliation, if any	L	······································	L	h. Date of Recognition or Certification			8i. Expiration Date of Current or Most Recent		
-g			-			Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved?	?	If so, approxi	mately how many er	nployees are	participating?		
(Name of labor organization)		, has picke	eted the Er	nployer since (A	fonth, Day, Year)				
10. Organizations or individuals other than I	Petitioner and tho	se named in items	8 and 9, wh	nich have claime	ed recognition as rep	resentatives	and other organizations and individuals		
known to have a representative interest in a	ny employees in t	the unit described in	n item 5b a	bove. (If none,	so state)		,		
40a Nama	1 405 44	dan a a			10a Tal Na	<del></del>	I dod Call Na		
10a. Name	10b. Add	iress			10c. Tel. No.		10d. Cell No.		
				ł	10e. Fax No.		10f. E-Mail Address		
				,	,	*			
11. Election Details: If the NLRB conducts	an election in thi	s matter, state your	position w	ith respect to	11a. Election Type	: 🚺 Manua	at Mail Mixed Manual/Mail		
any such election.  11b. Election Date(s):  11c. Election Time(s):  11					11d. Election Loca	tion(s):			
11b. Election Date(s):       11c. Election Time(s):         November 26, 2018       5:00 a.m., - 7:00 a.m., 5:00 p.m. to 7:00				00 p.m.	1106 River Road, N		, NY 12553		
12a. Full Name of Petitioner (including local name and number)							er, city, state, and ZIP code)		
Kevin Young International Union of Operating Engineers Local 82		, , , , <u>, , , , , , , , , , , , , , , </u>			65 Springfield Aven NJ Springfield 0708	ue i nira: Floor 1			
12c. Full name of national or international la International Union of Operating Engineers	por organization	or which Petitioner i	is an affilia	te or constituent	(ir none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax	No.		12g. E-Mai	l Address		
(732) 713-5049			1			kyoung@iu	oe825.org		

11/4/2018 11:23:40 Daniel C Stark Esq WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

(201) 928-0588

500 Frank W. Burr Blvd. Suite 31 NJ TEANECK 07666-

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

13f. E-Mail Address dastark@decotiislaw.com

Date

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

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

13d. Cell No.

Signature

(201) 213-0458

### **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

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.

FORM NLRB-502 (RC) (4-15)

Pedro Cardi

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-230526	11-2-18				

10-30-2018

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Breaking Ground, Inc. 505 8th Avenue, New York, N.Y. 10018 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 133 Pitt Street, New York, NY 10002 Shanna Wertheimer, Manager 3c. Tel. No. 3d, Cell No. 3e, Fax No. 3f. E-Mail Address 212-389-9382 N/A N/A N/A 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Residential Building, Mental Disable **Building Maintenance** New York, N.Y. 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Porters, Handymans and Engineers. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Security, Office Staff and Supervisors unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 10-19-2018 and Employer declined recognition on or about Check One: (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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10d. Cell No. 10c Tel No. 10a. Name 10b. Address 10f. E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual Mail Mixed Manual/Mail 11a. Election Type: any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 133 Pitt Street, New York, N.Y. 10002-11-30-2018 2:00 pm to 4:00 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) L 55 Broad Street, 11th Floor, New York, N.Y. 10004 Teamsters Local 210 - IBT 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 12g. E-Mail Address 12f. Fax No. 12d. Tel No. 12e. Cell No. N/A ודווח N/A N/A N/A m 60 1 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. MO 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 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 212-4599674 N/A 917-657-3511 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. 17 Date Name (Print)

<u>lecho</u> Vice President WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE	
Case No.	Date Filed	
02 DC 220601	11 7 10	<b>o</b>

RC PETITION 02-RC-230691 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.

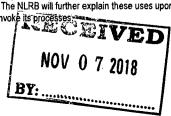
Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 212 5th Ave, New York, NY 10010 212 Fifth Avenue Condominium 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 622 3rd Avenue 15th FL, New York, NY 10017 Brooke Rosenthal 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 516-312-8611 Brooke.Rosenthal@fsresidential.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Residential building **Building services** New York, NY 10004 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All building service workers 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Statutory guards and supervisors 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 None 8f. E-Mail Address 8d Cell No. 8e. Fax No. 8c. Tel No. 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? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 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 11a. Election Type: Manual Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Employee locker room in the sub cellar 2:30-3:30 pm nearest Monday 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 25 West 18th Street New York, N.Y. 10011 **SEIU LOCAL 32BJ** 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. 12e. Cell No. 12g. E-Mail Address 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Katchen Locke, Attorney 25 W. 18th Street, New York, NY, 10011 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 646-340-6996 klocke@seiu32bj.org 212 539 2941 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) Date Katchen Locke Attorney

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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FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-230739	11/8/18				

				. 1	<b>-</b>	200,00		, -,
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must named in the p	be accompanied b	y bóth a sh dition: (2) S	owing of Interest (s tatement of Position	ee 6b below n form (Forn	) and a certifica n NLRB-505): ar	ite of service showing s nd (3) Description of Re	ervice on presentation
1, PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Lebo	loner desires to b	e certified as repres	entative of th	ie employees. The P	atitioner alle	ges that the fol	lowing circumstances	allective Exist and
2a. Name of Employer:	enger programme kalangan	2b. Add	ress(es) of	Establishment(s) invo	lved (Street	and number. Cit	v. State, ZIP code):	3
Greyston Foundation Inc.		[N] NACKSONSK		Yonkers Ny 1			क्षित्र प्रदेश स्थापना स्थापना स्थापना स्थापना स्थापन	A 10 10
3a. Employer Representative - Ner	ne and Tille	3h Adı	Irang //F pam	ie as 2b - stata same	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	attendaria (m. 1911). Na		<u> </u>
Mike Brady / Albert supe		same		ic 99 Sn - grara garlic	<i>y</i>			
3c, Tel. No. 914-376 <b>-</b> 3900	3d, Cell No.		3e, Fax No		3f. Ë-N	iali Address	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	laga kang sa
4a. Type of Establishment (Factory,	mine, wholesaler,	etc.)	46. Рилсір	al Product or Service	) )	5a. City a	nd State where unit is loc	ated:
Services			sanitati	on		Yonkers	s, NY	
5b. Description of Unit Involved: Included:						6a. Numb	er of Employees in Unit:	,
All regular fulltime and re	egular parttii	ne Sanitation	workers.			<u> </u>	the second	
Excluded: All supervisors, guards at	nd profession	als as defined	by the a	ct.		of the	substantial number (30% employees in the unit wit ented by the Petitioner?	h to be
Check One: 7s. Request for rec	ognition as Barge	ining Representativ	e was made	on (Date)			declined recognition	
on or about (Data) 7b. Patitioner is cui		(If no reply r			on underdie	` ^-+		
8a. Name of Recognized or Certific					on miner me	Act.		
A sin bautite v. s. 24.4.4. #stemmen - 1. in de Attivi		THE IN HOUSE OF BLA	(*)	ioi daa.				ĺ
			-					
8c. Tel. No,	8d. Cell No.		Se. Fax No	).	8f. E-N	8f. E-Mail Address		
8g. Äffiliation, If any:	······································	8	h. Date of R	ecognition or Certifica	r Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employer's	astablishmani(s) inv	alved? No	I If so appro	ximately hou	many employee	as are participating?	
(Name of Labor Organization)	it tio Linpiayara	and blothing in the	140	99, Sph	· <del>-</del>		yer since (Month, Day, Y	apri
10. Organizations or Individuals other	when Delivered		iana Dasal	O marial bases status	<u> </u>			
individuals known to have a repre	sentative interest	to any employees	the unit de	scribed in them 5b ab	iove. (If nane,	, so stete)	ez ano orien orBeluzado	iis and
10a. Name	110b.	Addless			10c. T	el. No.	10d. Cell No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		NOV	082	018			1	i
	1	,,,,,			10e, F	ax No.	10f, E-Mail Address	
		BY:			į.			
11. Election Details: If the NLRB co	nducts and electle	on in this matter, sta	te your posit	ion with respect to a	ny such elect	lon: 1 la. Electio	n Type:	
And the second s							al ∐ Mail ∐ Mixe	Menual/Mei
11b. Election Date(s):	11c.	Election Time(s):		1444	11d. E	tection Location(	s):	
Nov. 16th		n to 9;30am						
12s, Full Name of Petitioner (includ	ling local name ar	nd number);		12b. Address (stree				
Local 1430				84 Business F	ark Driv	e, Armonk I	NY 10504 Suite 2	02
12c. Full name of national or internat	lonal labor organi	zation of which Petit	loner is an a	ffiliale or constituent	(if none, so s	ilate):		
International Brotherhood	l Electrical V	Vorkers						
12d. Tel. No.	12e, Cell No.	****	12f. Fax N	0.	12g. E	-Mall Address		
914-948-3771   631-559-5045   914-948-3361   sgonzalez@1430ibew.com								
13. Representative of the Petitions	r who will accep	t service of all pap						
13e. Name and Title:				ess (street and numb				
Samuel Gonzalez / Presiden				ness Park Drive,				
13c. Tel, No.	13d. Cell No.		13e. Fax N			Mail Addreas		
914-948-3771	631-559-50		914-94	to the second se		zaloz@143	Oibew.com	
I declare that I have read the above	petition and th		re true to ti	e best of my know		lef.		TE:
Name (Print)		Signature	1 = =		Title	1		Date 10/20/10
Samuel Gonzalez		Samuel Gor	28167		Preside	nt		10/30/18

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
· 02-RC-230811	11/9/18			

INSTRUCTIONS: Unless c-Filed using the Agency's website, www.nib.govi , 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. 2b. Address(es) of Establishment(s) involved (Street and number. City, State. ZIP code) 2a. Name of Employer: GMD Shipyard, Brooklyn Navy Yard, Building 595, 63 Flushing Ave. Unit HNY Ferry, LLC, d/b/a NYC Ferry 276, Brooklyn, NY 11205 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Hornblower, 110 Wall St., New York, NY 10005 VP Cameron Clark 3f. E-Mail Address 3e. Fax No. 3c. Tel. No. 3d. Cell No. 888-467-6256 4a. Type of Establishment (Factory; mine; wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation New York, NY Municipal Ferry Service 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: Small vessel operators (Captains) 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Deck hands, ticket takers, G.S.As, Mechanics 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 8c. Tel. No 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g Affiliation, if any 8h Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9, is there now a strike or picketing at the Employer's establishment(s) involved? No (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) 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election. 11a. Election Type. Manual Mail Mail Mixed Manual/Mail 11d. Election Location(s): 11b Election Date(s) 11c. Election Time(s): **ASAP** 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code) 444 N. Capitol St. Suite 800, Washingtons De Marine Engineers' Beneficial Association. District No. 1 PCD (AFL-CIO) 12c. Full name of national or infernational labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Marine Engineers' Beneficial Association 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 202-638-5369 202-638-5355 443-676-6248 bvanlkog mebaun 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceedings.

13a Name and Title: [13b Address (street and number, city, State and Title)] 13a Name and Title: Bill Van Loo, Secretary Treasurer same as MEBA202-638-5355 13c. Tel. No. 13d. Cell No. 13e. Fax No 131, E-Mail Ad ress BY: 443-676-6248 202-638-5369~ bvanloominebaunlon.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief: Title Name (Print) Signature Secretary Treasurer 11/07/18 Bill Van LOo

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PFTITION

	DO NOT WRITE	IN THIS SPAC	E
Case No.	02-RC-231121	Date Filed	11/16/18

NO FE			l		اب		
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>w</u>	<u>vw.nirb.gov</u> , submit a	n original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned i	s located. The	e petition must	be accompanied by I	both a showing o	f interest (se	e 6b below) and a certificate	
of service showing service on the							
(Form NLRB-505); and (3) Descript				RB 4812). The sl	nowing of inte	erest should only be filed	
with the NLRB and should <u>not</u> be s	erved on the	employer or an	y other party.				
bargaining by Petitioner and Petitioner d	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   2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
Apicha Health Care Center		400 B	roadway, New York,				
3a. Employer Representative - Name and		_	3b. Address (If same as	2b – state same)			
Karen Bradunas, Director of Hum		<u> </u>	same		54 P 44-0 4-1-1		
3c. Tel. No. 646-884-5381	3d. Cell No.	·	3e. Fax No.		3f, E-Mail Addi kbradunas@	gapicha.org	
4a. Type of Establishment (Factory, mine, of Community Health Clinic	vholesaler, étc.)	4b. Principal pro- Health Care	duct or service		5a. City o		
5b. Description of Unit involved included: All full time and regular part thire, included.	ng per diem," amplayo	is omployed by the Emp	Neybr	mooding the attability data (	as the planting	6a, No. of Employees In Unit: Approximately 90	
Included: All full little end regular part lithins, including per alem, * amplayed 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.  Approximately 90  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes Vio							
Check One: 7a. Request for re			_	an an	d Employer deci	ined 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  None							
8c, Tel No.	8d Cell No,		8e. Fax No.		81. E-Mail Add	ress	
8g. Affiliation, if any	,		8h. Date of Recognition or	cognition 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 E							
(Name of labor organization)							
Organizations or individuals other than known to have a representative interest in a N/A					resentatives and	o other organizations and individuals	
10a, Name	10b. Add	iress		10c, Tel. No.		10d, Cell No.	
				10e. Fax No.		10f. E-Mail Address	
<ol> <li>Election Details: If the NLRB conducts         any such election.</li> </ol>	an election in thi	s matter, state you	r position with respect to	11a, Election Type	: / Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): 12/5/18	8:30 am	ection Time(s): n to 10:30 am, 3 p	m to 6 pm	11d. Election Location(s): Room 6 in the basement of the Employer's facility			
12a. Full Name of Petitioner (Including Io 1199 SEIU United Healthcare Workers E	ast			330 West 42nd Str		city, state, and ZIP code) NY, NY 10036 attn: Rafael Justo	
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 Ac rafael.justo@1		
13. Representative of the Petitioner who		• •	or purposes of the repres	entation proceeding	ġ.		
13a Name and Title Jessica E. H	larris, Esc	1.	13b. Address (street and Gladstein, Reif, & Meginniss			NY 10003	
13c, Tel No. 13d, Cell No. 13e, Fax No. 13f, E-Mail Address 212-228-7727 212-228-7654 [harris@grmny.com							
I declare that I have read the above petit	on and that the	statements are tru	e to the best of my know	ledge and bellef.	· · · · · · · · · · · · · · · · · · ·		
	inature	-	Title	· · · · · · · · · · · · · · · · · · ·	Date		
Jessica E. Harris WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE	Attorney UNISHED BY FINE AND	IMPRISONMENT /II	11/16/18 S. CODE TITI	E 18 SECTION 1001)	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FIRE AND INITIAL TO SOLUTION OF THE AND INITIAL TO SOLUTION OF

NOV 1 6 2018

BY: .....

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 2-RC-231626	Date Filed 11/27/18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <a href="https://www.nirth.goy/">www.nirth.goy/</a>, 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 100 Marcus Blvd. Suite 3 Hauppauge, NY 11788 USIC/RECONN 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Christa Harrel VP HR same as above 3e, Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 631-328-0249 800-262-8600 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: 6a. Number of Employees in Unit: included: Utility Gas Contractor Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🔀 Yes 🔲 No Clerical, Supervisors, and Guards Personnel Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act Ca. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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. None 10f, E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 9:00AM through 3 PM TBA. The group meets in public parks in NY Any Monday through Friday 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): RECEIVED 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d. Tel. No. 781-858-1972 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): Robert Mahoney Director UWUA 13c. Tel. No. 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 781-858-1972 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) Signature NAHOVEDirector UWUA ROBENT

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

 	FORM EXEMPT	UNDER 44 U.S.C
 DO NOT WRITE IN	THIS SPACE	

Fax No

Cell No. (b) (6), (b) (7)(C)

eMail (b)

(6), (b)

INTERNET FORM NLRB-502 NATIONAL LABOR RELATIONS BOARD Date Filed ₹2-RD-230424 (2-08)11/5/18 PETITION 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 V 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 Employer Representative to contact el No. 720-283-6090 Mary Akers, SVP Human Resources 3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Fax No 720-922-6030 1745 Shea Center Drive, Ste 200, Highlands Ranch, Colorado, 80129 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Identify principal product or service Cell No. e-Mail makers@udr.com Residential Building **Building Services** 6a. Number of Employees in Unit: 5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) Present included
All full-time and part-time Superintendents, Doormen, and Porters employed by the Employer at 120 W 21st Street, New York, NY 10011. Proposed (By UC/AC) Excluded All others employees, guards and supervisors as defined by the Act. 6b. Is this petition supported by 30% or more of the employees in the unit?\* Yes 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) and Employer declined Request for recognition as Bargaining Representative was made on (Date) (If no reply received, so state). recognition on or about (Date) Petitioner is currently recognized as Bargaining Representative and desires certification under the Act Affiliation 8. Name of Recognized or Certified Bargaining Agent (If none; so state.) Local No. 2, Building Service Employees & Factory Workers USWA, IUJAT Tel: No. Date of Recognition or Certification 718-296-7017 82-01 Rockaway Blvd., Suite 130, Ozone Park NY 11416 Mail-Fay No Cell No. 718-296-4877 10. If you have checked box UD in 1 above, show here the date of execution of 9. Expiration Date of Current Contract. If any (Month, Day, Year) agreement granting union shop (Month, Day and Year) October 31, 2018 11b. If so, approximately how many employees are participating? 11a. Is there now a strike or picketing at the Employer's establishment(s) Yes No 🔽 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) Fax No. Address RECEIVED - Mail Celi No 13. Full name of party filing petition (if labor organization, give full name of party filing petition (if labor organization, give full name of party filing petition (if labor organization, give full name of party filing petition (if labor organization, give full name) 14c. Fax No. 14b. Tel. No. BY: ..... 14a. Address (street and númber, city, state, and ZIP code) (b) (6), (b) (7)(C) 14e. e-Mail (b) (6), (b) (7)(C) (b) (6), (b) (7)(C ition is filed by a labor organization) 15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( I declare that I have read the above petition and that the statements are tri Title (if any) Name (Print) Doorman (b) (6), (b) (7)(C)

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AN CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

city, state, and ZIP code,

(6), (b) (7)(C)

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.

FORM NLRB-502 (RD) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

DO NOT WRITE I	N THIS SPACE
ase No.	Date Filed
02-RD-230643	11/7/18

		. , ,
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/. , submit an original	of this Petition to an NLRB office in the Re	gion 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 sh	nowing service on
the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position	on form (Form NLRB-505); and (3) Description	on of Representation
Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB	and should <u>not</u> be served on the employer	or any other party.

the employer and all other parties named in Case Procedures (Form NLRB 4812). The si		ment of Pos	sition form (Form NLRB-	505); and (3) Descript	ion of Representation
PURPOSE OF THIS PETITION: RD-DECER recognized bargaining representative is no lon Labor Relations Board proceed under its proceed.	ger their representative. The Petitioner all	leges that t	the following circumstan		
2a. Name of Employer	2b. Address(es) of Est	tablishment	(s) involved (Street and nu	ımber, city, state, ZIP d	ode)
US Security Associale	5, inc 47 B-way	Suite	1836, New York	- NY 10004-	3855
3a. Employer Representative - Name and Title of	International 3b. Address (If same a	as 2b - state	same)	4 1/2 444	
US Security ASSOCIA Te 3a. Employer Representative - Name and Title of Federal Contract Guaris of 3c. Tel. No. 3d. Fax No. 0	Hmericauni +7965 44	t5 Pav	same) K Avenue New, 3f. E-Mail Address	Nov.F. NY 1007	ν <b>γ</b>
212-541-3753 917-3	22-2105   631-983-7	912	www.fc	GOA. Com	
4a. Type of Establishment (Factory, mine, wholes	aler, etc.)		4b. Principal product or s	service	
Howseing Complex	EMP	<u>.</u>	Security		
5a. Description of Unit Involved					nd State where unit
Included: PILL GUITRPS EMPLO	YED AT 319 6. 24TH	5T., N	77, P7	is loc	ated:
Excluded: NLL 6 THER EMPL	oyees			N	1-129
	grizzad bargairing representative:	employees i	n the unit no longer wish t	o be represented by th	e certified or currently
Ba. Name of Recognized or Certified Bargaining A			8b. Affiliation		
Federal Contract guar	ds of America			None	
Bc. Address	7 80	d. Tel. No.	8e. Cell No.		
	. 2	112-54	8g. E-Mail Ad	<u> 983-7972</u>	<u> </u>
445 Park Ave New Yor,					
		117-32	2-2105 memb	erservices	a) j-egoa.com
9. Date of Recognition or Certification	10. Expiration Date of	Current or I	Most Recent Contract, if a	ny (Month, Day, Year)	V
unkown	OCT 20		18		
11a. Is there now a strike or picketing at the Empl	oyer's establishment(s) involved? Yes	No No	11b. If so, approximately	how many employees	are participating?
11c. The Employer has been picketed by or on be	half of (Insert Name)				a labor organization, o
(Insert Address)				since (Month, Day,	Year)
<ol> <li>Organizations or individuals other those name and individuals known to have a representative</li> </ol>	d in items and in which have printed	desognition	as representatives and otl	ner organizations	
and individuals known to have a representative 12a. Name 12b. Add		cribed in ite	em 5 above. (If none, so s 12c. Tel. No.	12d. Fax No.	
123. Add	NOV 0 7 2018		120. 101. 140.	120.1 02.110.	
	100 0 7 2010	ı	12a Call Na	425 E M-3 Ade	
	BY:	- 1	12e. Cell No.	12f. E-Mail Add	ress
40. Election Betaller 16ths NI DD conducts on al			12c Starting Types (	Manual [7] Mail 1	TAKING MANUNINAN
<ol> <li>Election Details: If the NLRB conducts an el matter, state your position with respect to any</li> </ol>			13a. Election Type: [ ]	Manual Mail	Mixed Manual/Mail
13b. Election Date(s)	13c. Election Time(s)		13d. Election Location(s		0 71
NOV-39,2018	7:30A-8:30A + 3:30P-	4:308	CONTURITY	ROOM AT 3	19 E. 24TH ST.
<sup>14</sup> (b) (6), (b) (7)(C)					N7, NY
					• //.
(b) (6), (b) (7)(C)			(b) (6) (b) (7)	14c. Fax No.	
(b) (c), (b) (1)(c)			(b) (6), (b) (7)	(C)	
			(b) (6), (b) (7	)(C)(b) (6) (b)	(7)(C)
			(5) (5), (6) (1	/( · / ( · / ( · / )	(-/(-/
14t. Attitiation, it any					
15. Representative of the Petitioner who will a	ccept service of all papers for purposes	of the rep			
$\frac{150  \text{Name}}{(6)  (6)  (7)  (6)}$			15b.Title	A . / A .	
(b) (6), (b) (7)(C	<u>//                                   </u>		ANINDIVI	non C	
(b) (6), (b) (7)(C)			(b) (6), (b) (7)	(C) 15e. Fax No.	
			(b) (b), (b) (1)		(7)(0)
		'	(b) (6), (b) (7)	(C) (b) (b), (b)	(7)(C)
I declare that I have read the above petition an					Data Final
(b) (6), (b) (7)(C)	$^{\text{sig}}(b)(6)(b)(7)(0$		Title	A. A.	Date Filed
(D) $(D)$ , $(D)$ $(T)$	(3) (3), (3) (1)(3	,	INIONI MA	10 n C	1