UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No. 22- RC - 244223	Date Filed プリソ いづ	2019						

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) Ock Street, Bayonne 5022 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) en Project 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 1950n M. Kiernen 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: BEYORAL Included: 9/1 full-Time and replan Part Time Craw Heeders Whility Tech 15, Utility Tech 25, Utility Tech 35 and lead Sampher/field Tech 5. Excluded: 6b. Do a substantial number (30% Office clerical employees, profession of employees, quents and supervisors or more) of the employees in the unit wish to be represented by the Petitioner? Yes X No 7a. Request for recognition as Bargaining Representative was made on (Date) (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 Nonc 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No 8i, Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification 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? , 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) 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 Mixed Manual/Mail 11a. Election Type: Manual any such election. 11d. Election Location(s) 11b. Election Date(s) 110 Ocl Street Tuly 30, 2019
Il Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code, Worllers 12c. Full name of national of international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 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 Z 13e. Fax No. 607 - 0675 601-618-3176 Name (Print) Director of orpenizing WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-245018	JULY 17, 2019				

								·-	100	,	
INSTRUCTIONS: Unless e-Filed using the Agency's website, \(\frac{\text{WWW.Nirb.gov/}{\text{Lower}} \), 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.											
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: Freight Specialists Inc.					2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 600 York Street, Elizabeth, NJ 07201						
						e as 2b - state same): eet, Elizabeth, N	IJ 07201				
3c. Tel. No. (201) 978-4085	3d. Cell No			3	e. Fax No),	3f, E-Mail	Address			
4a. Type of Establishment (Factory, a Grocery Warehousing	nine, whole:	saler, etc	s.)		b. Princip Inloadi	al Product or Service ng	•	5a City an Elizabe	d State where unit is loca eth, NJ	ated;	
5b. Description of Unit Involved: Included: All full-time, part-time, un	5b. Description of Unit Involved: 6a. Number of Employees in Unit:										
Check One: X 7a. Request for reconnection on or about (Date) 7b. Patitioner is cut	7/15/ rendy recog	2019 nized at	(if no re Bargaining I	ply reco Repres	eived, so entative s	state).		• •	declined recognition		
8a. Name of Recognized or Certific None						idress:					
8c. Tel. No. 8d. Cell No.				8	Be. Fax No.		8f, E-Mail	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, Ye							
9, Is there now a strike or picketing a	t the Employ	yer's est	ablishment(s)) involv	ed? No	If so, approx			s are participating?		
(Name of Labor Organization) 10. Organizations or individuals other	e than Datiel	100r ac	I those some	d in the	me 8 and	9 which have claimed			er since (Month, Day, Ye		
Individuals known to have a representations									and enter organization		
10a. Name 10b_Address					!			10c. Tel, No. 10d, Cell No.			
								10e. Fax No. 10f, E-Mail Address			
11. Election Details: If the NLRB co Petitioner seeks immediat	nducts and e electio	election N	in this matter	atter, state your position with respect to any suc			y such election:	ection: 11a. Election Type: Manual Mail Mixed Manual/Mail			
11b. Election Date(s): 11c. Election Tin					ne(s): 11d. Ele				lection Location(s):		
12a. Full Name of Petitioner (including local name and number): Local Union No. 863, IBT 12b. Address (street and number, city, State and ZIP code): 209 Summit Road, Mountainside, NJ 07092											
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. 908-654-6990				12f. Fax No. 908-654-8341				12g. E-Mail Address			
13. Representative of the Petitioner who will accept service of 13a. Name and Title: Kenneth I. Nowak, Esq., Attorney for Petitioner					13b. Address (street and number, o						
13c, Tel. No. 13d, Cell No. 973-623-1822 973-699-7383				13e. Fex No. 973-623-2209			knowa	131. E-Mañ Address knowak@zazzali-law.com			
I declare that I have read the abov Name (Print)	e petition a	nd that	Signature	nts are	true to t	he best of my knowle	edge and belle			Date	
Kenneth I. Nowak, Esq.		\		11			Attorney	for Petitio	ner	7/17/2019	

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of 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 turther 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.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed							
22-RC-245656	JULY 30,	2019						

INSTRUCTIONS: Unless e-Filed u employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	must be accom the petition of: (panied b 1) the pe	y both a sh tition; (2) S	nowing of interest (see (Statement of Position fo	5b below) and rm (Form NL	l a certifica: RB-505); an	te of service showing s d (3) Description of Re	ervice on presentation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboratery	lioner desire	s to be certified a	s represe	ntative of the	ne employees. The Petiti	oner alleges	that the foll	owing circumstances		
2a. Name of Employer:	·		2b. Add	ress(es) of	Establishment(s) involve	d (Street and	number, City	, State, ZIP code):		
Johnny on The Spot/Unit	ed Site S	Services	3168	Borden	town Ave, Old Br	ridge NJ 0	8859			
3a. Employer Representative - Na	ne and Tille	:	3b. Add	ddress (if same as 2b - state same):						
Kenny Robinson, Operati	ons Mar	nager	Same	;						
3c. Tel. No.	3d. Cell No			3e. Fax No).	3f. E-Mail A		<u> </u>		
800 491 5687	732 69					krobins	on@johr	inyonthespot.com	1	
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)		4b. Principal Product or Service			5a. City and State where unit is located:			
Service				Portabl	e restrooms, fenc	e,trailers	Old Brid			
5b. Description of Unit Involved: Included:							6a. Numbe	er of Employees in Unit:	Ì	
Equipt Spec, Service Tec	h	Drivers Fend	e Driv	ers Var	rd & Fence help (s	ee attac)	100			
Excluded: All managers, all office a				,			of the e	ubstantial number (30% imployees in the unit wis	sh to be	
Check One: 7a. Request for red	ognition as	Bargaining Repre	sentative	was made	on (Date) 07.24 -	7 • (4 an		ented by the Petitioner? declined recognition	× Yes ∐ No	
on or about (Date)	07-24	-2-14 (If n	o reply re	ceived, so	state). ind desires certification u			_	1	
Ba. Name of Recognized or Certific	rently recog	nized as Bargain	ing Repre	esentative a		nder the Act.				
SMART LOCAL 27	eu Bargailli	ng Agent (# non	e, so state		Squankum- Yello	wbrook F	Road, PO	box 847 Farmin	gdale Nj	
					•		ŕ	•	1	
Bc. Tel. No.	8d. Cell No			8e. Fax No		8f. E-Mail A				
732 919 1999	609 37	7 4515		732 938			gnowatcki@smwlu27.org			
8g. Affiliation, if any: SMART Int'l Ass'n			8h				ii. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employ	yer's establishme	nt(s) invo	ived? No	If so, approxim	ately how mar	ny employee	s are participating?		
(Name of Labor Organization)						, has picketed	the Employ	er since (Month, Day, Ye	ear)	
 Organizations or individuals othe individuals known to have a repre 								es and other organization	is and	
None 10a. Name		10b. Address		·		10c. Tel. No		10d. Cell No.		
TOB. Name		TOD. Address				100. 10	J.	100. 06. 110.	}	
						10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, state	e your posit	ion with respect to any s	uch election:				
								ul Mail Mixed		
11b. Election Date(s):		11c. Election Tin	ne(s):	s): /3			11d. Election Location(s): Co. FAcility			
HUG 80, 2019		1 03 K	M ~	120	<i>(</i> 0 (3/6/3 Bendry low N Ave				
									:	
International Association					322 Squankum-			O Box 647 ram	inguate NJ	
12c. Full name of national or internat International Association		_				one, so state)	:			
12d. Tel. No.	12e. Cell N		1	12f. Fax No		12g. E-Mai				
732 919 1999	609 37			732 938				vlu#27.org		
13. Representative of the Petitione	r who will a	ccept service of	f all pape							
13a. Name and Title: George Nowatcki/ Organizer						city, State and ZIP code): ook Rd po box 847 Farmingdale NJ 07727				
13c. Tel. No.	13d. Cell N	lo.		13e. Fax N	lo.	13f. E-Mail	Address			
732 919 1999 609 377 4515				732 938	8 9701	gnowatcki@smwlu27.org				
declare that I have read the above	petition a			e true to th						
Name (Print)		Signa				ile Jeganizer			Date 07-29-401	
George Nowatcki		/ / /	14		. 10	Organizer			107.67.601	



Andrew C. Caccholi
President – Business Manager

Christopher W. George Financial Secretary – Treasurer



Central and Southern New Jersey

Scott S. Sheridan

Johnnie E. Whittington

Business Representatives

Thomas J. De Bartolo

George A. Nowatcki
Organizer

322 Squankum-Yellowbrook Road • P.O. Box 847 • Farmingdale, NJ 07727

Phone: 732-919-1999



Fax: 732-938-7901

Included;

Service Techs, Pick Up and Delivery Drivers, Equipment Specialist, Fence Techs, Fence Drivers, Fence helpers, Yard Helpers, Mechanics,

Excluded;

Operations Managers, Collections and Credits employees, Accounts Receivable & Payable employees, Inside and Outside Sales Managers and Representatives, Route Managers, Elite Coach Managers Collection Specialists, Customer Care Reps, Marketing employees, Compliance employees, Help Care Analyst, Director of Administration, Account Manager Special Events, Route Analyst, All Human Resources, Sales Account Managers, Sales Administrator, regional Vice President, President