

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-254195</b>	Date Filed <b>01/06/2020</b>

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

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Imperial Ambulance		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 22 N. Cottage St, Porterville, CA 93257-	
<b>3a. Employer Representative - Name and Title</b> Scott Scheer Operations Director		<b>3b. Address (If same as 2b - state same)</b> SAME AS ABOVE	
<b>3c. Tel. No.</b> (559)784-8500	<b>3d. Cell No.</b> (559)359-2022	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> scott@imperialambulance.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> Ambulance Transportation	
<b>5b. Description of Unit Involved</b> <b>Included:</b> Included: All full-time and regular part-time EMT'S and Paramedics employed by the employer at or out of its Tulare County operations and deployment centers. <b>Excluded:</b> Confidential employees, mechanics, fleet technicians 1 and 2, couriers, crew chiefs, office clerical employees, guards and supervisors as defined in the act, and all other employees.		<b>5a. City and State where unit is located:</b> Porterville; CA	
<b>6a. No. of Employees in Unit:</b> 45		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 1/6/2020 <b>and Employer declined recognition on or about</b> n/a <b>(Date) (If no reply received, so state).</b> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? <u>0</u> (Name of labor organization) <u>None</u> has picketed the Employer since (Month, Day, Year) <u>None</u></b>			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <u>None</u></b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <u>Manual</u> <input checked="" type="checkbox"/> <u>Mail</u> <input type="checkbox"/> <u>Mixed Manual/Mail</u> <input type="checkbox"/>	
<b>11b. Election Date(s):</b> 2/3/2020	<b>11c. Election Time(s):</b> 11am	<b>11d. Election Location(s):</b> 22 N. Cottage St, Porterville, CA 93257	
<b>12a. Full Name of Petitioner (including local name and number)</b> Service Employees International Union (SEIU) Local 5000		<b>12b. Address (street and number, city, state, and ZIP code)</b> 159 Burgin Parkway, Quincy, MA 02169-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Association of EMTs and Paramedics (IAEP), National Association of Government Employees			
<b>12d. Tel No.</b> (951)334-6505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> miinville@nagc.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Michael Linville Union Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> SAME AS ABOVE	
<b>13c. Tel No.</b> SAME AS ABOVE	<b>13d. Cell No.</b> SAME AS ABOVE	<b>13e. Fax No.</b> SAME AS ABOVE	<b>13f. E-Mail Address</b> SAME AS ABOVE
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Michael Linville	<b>Signature</b> 	<b>Title</b> Union Organizer	<b>Date</b> 1-6-2020

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

**PRIVACY ACT STATEMENT**

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.

1-2644596291

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

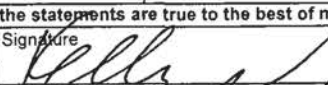
32-RC-254227

Date Filed

01/07/2020

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

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

<b>2a. Name of Employer:</b> Richmond Sanitary Service, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1 Park Blvd., Richmond, CA 94806	
<b>3a. Employer Representative - Name and Title:</b> Shawn Moberg, General Manager		<b>3b. Address (if same as 2b - state same):</b> 3260 Blume Drive Suite 200, San Pablo, CA 94806	
<b>3c. Tel. No.</b> (510) 262-1600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 510-262-7185	<b>3f. E-Mail Address</b> smoberg@republicservices.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> garbage collection		<b>4b. Principal Product or Service</b> waste management	<b>5a. City and State where unit is located:</b> Richmond, ca
<b>5b. Description of Unit Involved:</b> Included: clerical dispatch Excluded: managers and supervisors		<b>6a. Number of Employees in Unit:</b> 2 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1-6-20 on or about (Date) no reply (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Method	
<b>11b. Election Date(s):</b> January 21, 2020	<b>11c. Election Time(s):</b> 10:00am to 11:30am	<b>11d. Election Location(s):</b> 1 park blvd, Richmond, CA 94806	
<b>12a. Full Name of Petitioner (including local name and number):</b> Office and Professional Employees International Union Local 29		<b>12b. Address (street and number, city, State and ZIP code):</b> 7677 Oakport St., Oakland, CA 94621	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Office and Professional Employees International Union, AFL-CIO			
<b>12d. Tel. No.</b> 510-746-5960	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> Gschwend@opeiu29.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Kelly Gschwend, Secretary-Treasurer/Business Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 7677 Oakport St., Oakland, CA 94621	
<b>13c. Tel. No.</b> 510-746-5967	<b>13d. Cell No.</b> (510)-301-5204	<b>13e. Fax No.</b> (510)746-5977	<b>13f. E-Mail Address</b> Gschwend@opeiu29.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Kelly Gschwend	<b>Signature</b> 	<b>Title</b> Secretary-Treasurer/Business Rep	<b>Date</b> 1-6-20

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

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

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Case No.

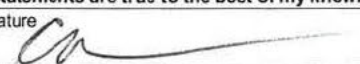
32-RC-254580

Date Filed

01/14/2020

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

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

<b>2a. Name of Employer:</b> Richmond Sanitary Service, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1A Parr Blvd, Richmond, CA 94801	
<b>3a. Employer Representative - Name and Title:</b> Mr. Shawn Moberg, General Manager		<b>3b. Address (if same as 2b - state same):</b> 3260 Blume Drive Suite 200, San Pablo, CA 94806	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (510) 262-7185	<b>3f. E-Mail Address</b> smoberg@republicservices.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Waste Recycling & Garbage Collection		<b>4b. Principal Product or Service</b> Waste Recycling & Garbage Collection	<b>5a. City and State where unit is located:</b> Richmond, CA
<b>5b. Description of Unit Involved:</b> Included: All full-time and regular part-time Operations Clerks, Dispatchers and Route Auditors/ Dispatchers employed by the Employer at its facility located at 1A Parr Blvd, Richmond Excluded: All managers, guards and supervisors as defined by the Act.			<b>6a. Number of Employees in Unit:</b> 3
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By petition</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Tuesday 1/21/2020		<b>11c. Election Time(s):</b> 10:00 - 10:30 a.m.	
		<b>11d. Election Location(s):</b> Conference room at Employer's premises	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local Union No. 315		<b>12b. Address (street and number, city, State and ZIP code):</b> 2727 Alhambra Ave, Martinez, CA 94553	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America			
<b>12d. Tel. No.</b> 925-228-2246	<b>12e. Cell No.</b> 925-374-2370	<b>12f. Fax No.</b> 925-228-1612	<b>12g. E-Mail Address</b> drodriguez@teamster315.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Caren P. Sencer, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> NLRBnotices@unioncounsel.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Caren P. Sencer		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 1/14/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

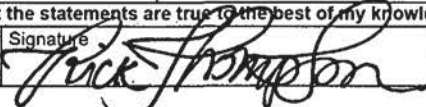
32-RC-254814

Date Filed

01/17/2020

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

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

<b>2a. Name of Employer:</b> Trayer Engineering Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1569 Alvarado Street, San Leandro, CA 94577	
<b>3a. Employer Representative - Name and Title:</b> Keith Thorndyke, President		<b>3b. Address (If same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 415-361-5572	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> kthorndyke@trayer.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> manufacturing plant		<b>4b. Principal Product or Service</b> Electrical distribution system components	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time and regular part time Welders, Material Handlers, Machine Operators, and Brake Operators employed by the Employer. <b>Excluded:</b> Any employees not employed by the Employer; security guards and officers; Supervisory, Managerial, Professional, and Confidential employees as defined by the Act.		<b>5a. City and State where unit is located:</b> San Leandro, CA	
		<b>6a. Number of Employees in Unit:</b> 21	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01-17-2020 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Armour Globe election requested <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Monday, February 10, 2020		<b>11c. Election Time(s):</b> 9:00 am - 10:00 am	
		<b>11d. Election Location(s):</b> Employer's facility, same address above	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Electrical Workers, Local Union 1245		<b>12b. Address (street and number, city, State and ZIP code):</b> 30 Orange Tree Circle, Vacaville, CA 95687	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Electrical Workers, AFL-CIO			
<b>12d. Tel. No.</b> 707-452-2700	<b>12e. Cell No.</b> 916-439-9937	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> rct8@ibew1245.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Rick Thompson, Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 30 Orange Tree Circle, Vacaville, CA 95687	
<b>13c. Tel. No.</b> 916-439-9937	<b>13d. Cell No.</b> 916-439-9937	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> rct8@ibew1245.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Rick Thompson	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 01-17-2020

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NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
32-RC-255054	01/23/2020

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

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

<b>2a. Name of Employer</b> MV Transportation, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 601 Walter Ave, Pinole, CA 94564	
<b>3a. Employer Representative - Name and Title</b> Peter Edwards, General Manager		<b>3b. Address (If same as 2b - state same)</b> 3250 Dutton Ave, Santa Rosa, CA 95407	
<b>3c. Tel. No.</b> (707) 546-1999	<b>3d. Cell No.</b> (707) 843-0360	<b>3e. Fax No.</b> (707) 546-2086	<b>3f. E-Mail Address</b> pedwards@mvtransit.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation Services		<b>4b. Principal product or service</b> Transportation	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All fulltime and regular part-time Maintenance Mechanics and Service Workers. <b>Excluded:</b> All others.		<b>5a. City and State where unit is located:</b> Pinole, CA	
		<b>6a. No. of Employees in Unit</b> 8	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

**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

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

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

**11b. Election Date(s):** Friday, February 7, 2020 **11c. Election Time(s):** To Be Determined **11d. Election Location(s):** Break room at Employer's location

**12a. Full Name of Petitioner (including local name and number)**  
East Bay Automotive Machinists Lodge No. 1546, District Lodge 190 **12b. Address (street and number, city, state, and ZIP code)**  
10260 Macarthur Blvd., Oakland, CA 94605


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No</b> (925) 687-6421 x 16	<b>12e. Cell No.</b> (925) 550-0586	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caren P. Sencer, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Wenberg, Roger & Rosenfeld, 1001 Manna Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net

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

<b>Name (Print)</b> Roberta D. Perkins	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 1/23/2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

11065867



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

DO NOT WRITE IN THIS SPACE

Case No. <b>32-RC-255130</b>	Date Filed <b>01/24/2020</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer</b> FAA Concord T, Inc., dba Concord Toyota		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1090 Concord Avenue Concord, CA 94520	
<b>3a. Employer Representative - Name and Title</b> Michael Mourelatos, GM		<b>3b. Address (If same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> 925-682-7131	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 925-609-7613	<b>3f. E-Mail Address</b> michael.mourelatos@concordtoyota.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Automotive Dealership		<b>4b. Principal product or service</b> Automobile Sales and Service	<b>5a. City and State where unit is located:</b> Concord, CA
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Full Time and Part Time Parts Service Advisors. <b>Excluded:</b> All other employees at this location.			<b>6a. No. of Employees in Unit:</b> 8 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> none		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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

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

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

**11b. Election Date(s):** Friday, February 7, 2020 **11c. Election Time(s):** To Be Determined **11d. Election Location(s):** 1900 Bates Avenue, Suite H Concord, CA 94520-1239

**12a. Full Name of Petitioner (including local name and number)** Machinists Automotive Trades District Lodge No. 190, Machinists Local 1173 **12b. Address (street and number, city, state, and ZIP code)** 1900 Bates Avenue, Suite H Concord, CA 94520-1239


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> 925-687-6421	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 925-685-4116	<b>12g. E-Mail Address</b> juarez1173@sbcglobal.net
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David W.M. Fujimoto, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net

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

<b>Name (Print)</b> David W.M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> January 24, 2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-255463

Date Filed

01/30/2020

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

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

**2a. Name of Employer**

Willow Rock Center — Telecare

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

2050 Fairmont Dr., San Leandro 94578

**3a. Employer Representative — Name and Title**

Julie Hodges, Administrator

**3b. Address (If same as 2b — state same)**

Same

**3c. Tel. No.**

510-895-5502

**3d. Cell No.**

**3e. Fax No.**

510-895-7406

**3f. E-Mail Address**

Jhodges@telecarecorp.com

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

Mental Health Facility

**4b. Principal product or service**

Counseling & Mental Healthcare

**5a. City and State where unit is located:**

San Leandro, CA

**5b. Description of Unit Involved**

**Included:** All full-time and part-time Registered Nurses, Social Workers, Licensed Vocational Nurses, Adolescent Counselors, Medical Records Clerks, Rehabilitation Activity Leaders, Maintenance Techs/Housekeepers and Licensed Psychiatric Technicians.

**Excluded:**

All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.

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

45

**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) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state).



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

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

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
2/19/20

**11c. Election Time(s):**  
6a-8a; 11a-1p; 6p-8p

**11d. Election Location(s):**  
Employer's facility

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

Service Employees International Union, United Healthcare Workers-West

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

560 Thomas L. Berkley Way, Oakland, CA 94612

**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.**

(510) 251-1250

**12e. Cell No.**

**12f. Fax No.**

(510) 763-2680

**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**

Bruce A. Harland

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

1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

**13c. Tel. No.**

(510) 337-1001

**13d. Cell No.**

**13e. Fax No.**

(510) 337-1023

**13f. E-Mail Address**

bharland@unioncounsel.net;

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

nlrbnotices@unioncounsel.net

**Name (Print)**

Bruce A. Harland

**Signature**

Bruce A. Harland

**Title**

Attorney

**Date**

January 30, 2020

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

**PRIVACY ACT STATEMENT**

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



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

DO NOT WRITE IN THIS SPACE

Case No.


32-RC-255506

Date Filed

01/30/2020

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

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

<b>2a. Name of Employer:</b> Peter's Bakery		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3108 Alum Rock Ave, San Jose, CA 95127	
<b>3a. Employer Representative - Name and Title:</b> Cassy Peters, Owner		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (408) 258-3529	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cassy@petersbakery.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Bakery Retail		<b>4b. Principal Product or Service</b> Baked Goods	<b>5a. City and State where unit is located:</b> San Jose, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All fulltime and regular part-time Managing Clerks, Head Clerks, Journeyperson, Apprentice Clerks. <b>Excluded:</b> All managers, guards and supervisors as defined by the Act.			<b>6a. Number of Employees in Unit:</b> Approximately 10
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state). <b>and Employer declined recognition</b> <input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. (Anticipatory Withdrawal)			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> United Food & Commercial Workers Union, Local		<b>8b. Address:</b> 240 S. Market St., San Jose, CA 95113	
<b>8c. Tel. No.</b> (408) 998-0428	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> dtyssen@ufcw5.org
<b>8g. Affiliation, if any:</b> United Food & Commercial Workers Union, AFL-CIO, CLC		<b>8h. Date of Recognition or Certification</b> Approximately 45 years ago	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> March 15, 2020
<b>9. Is there now a strike or picketing at the Employer(s) establishment(s) involved?</b> <b>NO</b> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> See 12 below			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> Friday, February 14, 2019		<b>11c. Election Time(s):</b> 10:00 a.m. – 11:00 a.m.	<b>11d. Election Location(s):</b> Break Room at Employer's premises
<b>12a. Full Name of Petitioner (including local name and number):</b> United Food & Commercial Workers Union, Local 5		<b>12b. Address (street and number, city, State and ZIP code):</b> 240 S. Market St. San Jose, CA 95113	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food & Commercial Workers Union, AFL-CIO, CLC			
<b>12d. Tel. No.</b> (408) 998-0428	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> dtyssen@ufcw5.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Caren P. Sencer, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> <a href="mailto:NLRBnotices@unioncounsel.net">NLRBnotices@unioncounsel.net</a>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Caren P. Sencer		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 1/30/2020	

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

PRIVACY ACT STATEMENT 1\1067323

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942.43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RD-254598</b>	Date Filed <b>01/14/2020</b>

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

1. PURPOSE OF THIS PETITION: 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 <b>J.M. Equipment Company, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>321 Spreckels Ave. Manteca, CA 95336</b>	
3a. Employer Representative - Name and Title <b>Rosario De Lopez</b>		3b. Address (If same as 2b - state same) <b>SAME AS ABOVE</b>	
3c. Tel. No. <b>209.275.6241</b>	3d. Cell No. <b>209.321.1595</b>	3e. Fax No.	3f. E-Mail Address <b>rosariod@jmequipment.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Repair shop</b>		4b. Principal product or service <b>Service and repair farm and material handling equipment</b>	
5b. Description of Unit Involved <b>Included:</b> All full-time and regular part-time lift truck mechanics, farm equipment mechanics, welders, painters, planned maintenance mechanics, class a drivers, parts dept. Employees, and general laborers employed by the employer at its facilities located at 321 Spreckels Ave., Manteca, CA 95336; 3751 E. Calwa, Fresno, CA 93725; 16507 Highway 33, Patterson, CA 95363; 610 Houston St., West Sacramento, CA 95691 and 835 Martin Luther King Jr. Way, Merced, CA 95341 <b>Excluded:</b> confidential employees, clerical employees, guards, and supervisors as defined in the Act.		5a. City and State where unit is located: <b>Manteca, Fresno, Patterson, West Sacramento, and Merced, CA</b>	
6a. No. of Employees in Unit: <b>84</b>		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent <b>see attached</b>		8b. Address <b>see attached</b>	
8c. Tel. No. <b>see attached</b>	8d. Cell No. <b>see attached</b>	8e. Fax No. <b>see attached</b>	8f. E-Mail Address <b>See attached</b>
8g. Affiliation, if any <b>International Association of Machinists &amp; Aerospace Workers, AFL-CIO</b>		8h. Date of Recognition or Certification <b>1940s</b>	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>March 15, 2020</b>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> No <input 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 those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals who have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): <b>2/11/20</b>		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s):	
11c. Election Time(s):			
12a. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>		12b. Address (street and number, city, state, and ZIP code) <b>(b) (6), (b) (7)(C)</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>NONE</b>			
12d. Tel. No. <b>None</b>	12e. Cell No. <b>(b) (6), (b) (7)(C)</b>	12f. Fax No.	12g. E-Mail Address <b>(b) (6), (b) (7)(C)</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>(b) (6), (b) (7)(C)</b>		13b. Address (street and number, city, state, and ZIP code) <b>SAME AS ABOVE</b>	
13c. Tel. No. <b>SAME AS ABOVE</b>	13d. Cell No. <b>SAME AS ABOVE</b>	13e. Fax No. <b>SAME AS ABOVE</b>	13f. E-Mail Address <b>SAME AS ABOVE</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>(b) (6), (b) (7)(C)</b>	Title <b>(b) (6), (b) (7)(C)</b>		Date <b>1/14/20</b>

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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT**  
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. **(b) (6), (b) (7)(C)**

Petition for J.M. Equipment Company, Inc.

**(8A)** IAM&AW, AFL-CIO Machinists Automotive District Lodge #190, Local Lodges #1528, #2182 and #653

**(8B)** District Lodge #190- 8201 Capwell Dr., Oakland, CA 94621

Lodge 1528- 713 16<sup>th</sup> Street, Modesto, CA 95354

Lodge 2182 – 967 Venture Court, Sacramento, CA 95825

Lodge 653- 544 West Olive Ave. Fresno, CA 93728

**(8C)** District Lodge #190- 510.632.3661

Lodge 1528- 209.529.9210

Lodge 2182- 916.929.1040

Lodge 653- 559.264.2815

**8D** District Lodge #190-unk

Lodge 1528- Paul Abarca 530.510.1164

Lodge 2182 Paul Abarca 530.510.1164

Lodge 653-Unk

**8E** District Lodge #190- unk

Lodge 1528- unk

Lodge 2182 -unk

Lodge 653-unk

**8F** District Lodge #190- Don Crosatto (b) (6), (b) (7)(C)

Lodge 1528- Paul Abarca machinists2182@gmail.com

Lodge 2182 – Paul Abarca machinists2182@gmail.com

Lodge 653- Jeremy Celaya- iamaw653@comcast.net

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

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