

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-243841

Date Filed

August 1, 2019

**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> Chispa of Arizona a subsidiary of League of Conservation Voters		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1943 W Adams St AZ Phoenix 85009	
<b>3a. Employer Representative - Name and Title</b> Laura Dent		<b>3b. Address</b> (If same as 2b - state same) 1943 W Adams St AZ Phoenix 85009	
<b>3c. Tel. No.</b> (602) 258-0464	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ldent@lcv.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc ) Others		<b>4b. Principal product or service</b> Public Advocacy	
		<b>5a. City and State where unit is located:</b> Phoenix, AZ	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 4
<b>Included:</b> See Attached Page 2 for additional details		<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"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/31/2019 and Employer declined recognition on or about 07/31/2019 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<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</b> (Month, Day, Year)

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

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

<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.

<b>11b. Election Date(s):</b> September 9, 2019	<b>11c. Election Time(s):</b> 1:00 p.m. to 3:00 p.m. MST	<b>11d. Election Location(s):</b> 1943 W Adams St., Phoenix, AZ 85009
<b>12a. Full Name of Petitioner (including local name and number)</b> John Lee Seeley Communication Workers of America Local 7019		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1615 N 36th St AZ Phoenix 85008

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

<b>12d. Tel No.</b> (602) 221-7019	<b>12e. Cell No.</b> (602) 579-6544	<b>12f. Fax No.</b> (602) 861-4171	<b>12g. E-Mail Address</b> jseeley@cwa7019.org
---------------------------------------	--	---------------------------------------	---

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

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</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>Name (Print)</b> John Lee Seeley	<b>Signature</b> John Lee Seeley	<b>Title</b> Unit 3 Area Vice President	<b>Date</b> 08/1/2019 08:34:42
--	-------------------------------------	--	-----------------------------------

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

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### Employees Included

All full-time and regular part-time Senior Community Organizers and Coalition and Training Directors.

### Employees Excluded

All other employees including Organizing Director, Civic Engagement Director, Executive Director, Advocacy Director, office clerical employees, confidential employees, professional employees, guards and supervisors as defined in the Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>28-RC-246001</b>	Date Filed <b>August 5, 2019</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: 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> VectorCSP, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Cannon Airforce Base, 13 East Albright Ave, Cannon AFB, NM 88101	
<b>3a. Employer Representative - Name and Title</b> Dave Boseman/Chris McHale, Attorney		<b>3b. Address</b> (If same as 2b - state same) 405 E Main Street, Elizabeth City, North Carolina, 27909	
<b>3c. Tel. No.</b> 252-333-4798	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 252-338-2264	<b>3f. E-Mail Address</b> mchale2052@gmail.com dave.boseman@vectorcsp.co
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Office Building on Cannon Air Force Base		<b>4b. Principal product or service</b> Aircraft Simulator Training and Maintenance	<b>5a. City and State where unit is located:</b> Cannon AFB, New Mexico

**5b. Description of Unit Involved**  
**Included:** All Full-time and regular part-time Security Specialists, Librarians, Schedulers, Registrar and Lead, Synthetic Environment Coordinators (SIM operators), and Schedulers.  
**Excluded:** All other employees, managerial employees, professional employees, supervisors, guards and other employees as defined by the Act.

<b>6a. No. of Employees in Unit:</b> 19	<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) **04/12/2019** 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</b> (If none, so state). 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</b> (Month, Day, Year)

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

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

<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 August 20, 2019	<b>11c. Election Time(s):</b> 11:00 a.m. - 2:00 p.m.	<b>11d. Election Location(s):</b> Cannon AFB Library Mtg Room 1, 107 Albright Ave, Bldg 75
--	---	---

<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, Local Lodge 794	<b>12b. Address (street and number, city, state, and ZIP code)</b> 315 Pine Street S.E., Albuquerque, NM 87106
---	---


**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> 916-985-8101	<b>12e. Cell No.</b> 916-936-6013	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jhardwick@iamaw.org
-------------------------------------	--------------------------------------	---------------------	---

**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> 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> csencer@unioncounsel.net 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> Caren P. Sencer	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> August 5, 2019
--	---	--------------------------	-------------------------------

**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.

11039536



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

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-246005

Date Filed

8/5/2019

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

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

2a. Name of Employer  
CAE USA Mission Solutions Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
Kirtland AFB 4250 Aberdeen Ave., SE Albuquerque, NM 87117

3a. Employer Representative - Name and Title  
Carrie Stawski, HR and Labor Relations Manager

3b. Address (if same as 2b - state same)  
4908 Tampa West Blvd., Tampa, FL 33634

3c. Tel. No.  
813.887.1534

3e. Fax No.  
3f. E-Mail Address  
Carrie.Stawski@caemilusa.com

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

4b. Principal product or service  
Aircrew Training Support

5a. City and State where unit is located:  
Albuquerque, NM

5b. Description of Unit Involved  
Included: All Full Time and Permanent Part Time Cybersecurity and Industrial Security Representatives  
Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.

6a. No. of Employees in Unit  
8  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8/5/2019 and Employer declined recognition on or about (Date) (If no reply received, so state) No Reply  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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): 8/22/2019 11c. Election Time(s): 11:00AM to 1:00PM 11d. Election Location(s): Chapman Hall Breakroom 4250 Aberdeen Ave., SE Albuquerque, NM 87117

12a. Full Name of Petitioner (Including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 794 12b. Address (street and number, city, state, and ZIP code) 315 Pine Street SE, Albuquerque, NM 87106

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

12d. Tel. No. (505) 242-9622 12e. Cell No. 505-604-9217 12f. Fax No. (505) 243-7473 12g. E-Mail Address sburkland@iamaw.org

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

13a. Name and Title Jason Hardwick, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd., Suite 130, Folsom, CA 95630

13c. Tel. No. 916-985-8101 13d. Cell No. 916-936-6013 13e. Fax No. 916-985-8121 13f. E-Mail Address jhardwick@iamaw.org

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

Name (Print) Jason Hardwick Signature Title Grand Lodge Representative Date 8/5/2019

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

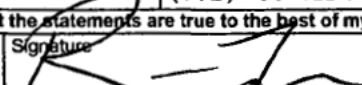
DO NOT WRITE IN THIS SPACE

Case No. 28-RC-246226

Date Filed  
August 7, 2019

**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> TechWise		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Building 11685 Sergeant Major Blvd. Fort Bliss, TX 79916	
<b>3a. Employer Representative - Name and Title:</b> Matthieu Isaia, President		<b>3b. Address (if same as 2b - state same):</b> 1624 South 21st street. Suite B, Colorado Springs, CO 80904	
<b>3c. Tel. No.</b> (719) 591-9966	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> misaia@techwise.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Air Traffic Control		<b>4b. Principal Product or Service</b> Air Traffic Control	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Air Traffic Control Specialist (Full & Part Time) <b>Excluded:</b> Guards, Supervisors and Air Traffic Manager		<b>5a. City and State where unit is located:</b> El Paso, Texas	
		<b>6a. Number of Employees in Unit:</b> 6	
		<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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>July 15, 2019</u> and Employer declined recognition on or about (Date) <u>July 15, 2019</u> (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>	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 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 and election in this matter, state your position with respect to any such election: Election to be held ASAP at time to capture folks between shift changes.		<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> Wednesday August 21, 2019	<b>11c. Election Time(s):</b> Between 3:30 & 5:30 PM	<b>11d. Election Location(s):</b> Break Room at Facility	
<b>12a. Full Name of Petitioner (including local name and number):</b> Professional Air Traffic Controllers Organization, Inc.		<b>12b. Address (street and number, city, State and ZIP code):</b> 161 SW Willow Lake Trail Stuart, Florida 34997	
<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, CLC (OPEIU)			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<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> Ron Taylor, President PATCO		<b>13b. Address (street and number, city, State and ZIP code):</b> 161 SW Willow Lake Trail Stuart, Florida 34997	
<b>13c. Tel. No.</b> (772) 283-3369	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (772) 286-4154	<b>13f. E-Mail Address</b> patcoron@bellsouth.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> Ron Taylor	<b>Signature</b> 	<b>Title</b> President	<b>Date</b> 8/5/2019

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

## PRIVACY ACT STATEMENT

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>28-RC-246274</b>	Date Filed <b>August 8, 2019</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: 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> United Site Services		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2701 Simmons St. North Las Vegas NV 89032	
<b>3a. Employer Representative - Name and Title</b> Eddie Garcia, Operations Manager		<b>3b. Address (If same as 2b state same)</b> Same	
<b>3c. Tel. No.</b> 702-647-9783	<b>3d. Cell No.</b> 702-318-1857	<b>3e. Fax No.</b> 702-647-9784	<b>3f. E-Mail Address</b> eddie.garcia@unitedsiteservices.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Equipment Rental		<b>4b. Principal product or service</b> Portable Restrooms rentals, sanitation, delivery, pickup	
<b>5b. Description of Unit Involved</b> Included: all full and part time, service techs., equip. specialist, utility, mechanics, pickup/delivery drivers, yardmen, Master service techs and Dispatchers Excluded: all others employees, office clerical employees, guards, sales reps. and supervisors as defined by the act.		<b>5a. City and State where unit is located:</b> North Las Vegas NV	
		<b>6a. No. of Employees in Unit:</b> 45 50	
		<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>	

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 8/8/19 and Employer declined recognition on or about 8/8/19 (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>

<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>		<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> Thursday, August 22th, 2019	<b>11c. Election Time(s):</b> 4 8am then 5:30pm 8:30pm	<b>11d. Election Location(s):</b> 2701 Simmons St. North Las Vegas NV 89032	
<b>12a. Full Name of Petitioner (including local name and number)</b> Teamster Chauffeurs, Warehousemen, and Helpers Local Union No.631		<b>12b. Address (street and number, city, state, and ZIP code)</b> 700 NORTH LAMB BLVD. LAS VEGAS NV. 89110	


**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

<b>12d. Tel No.</b> 702-453 6310	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 702-437-7237	<b>12g. E-Mail Address</b>
-------------------------------------	----------------------	-------------------------------------	----------------------------

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

<b>13a. Name and Title</b> FRANCISCO MIRANDA, ORGANIZER		<b>13b. Address (street and number, city, state, and ZIP code)</b> 700 NORTH LAMB BLVD. LAS VEGAS NV. 89110	
<b>13c. Tel No.</b> 702-430-5031	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 702 437 7237	<b>13f. E-Mail Address</b> FRANCISCOM@TEAMSTERS631.COM

**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> FRANCISCO MIRANDA	<b>Signature</b> 	<b>Title</b> ORGANIZER	<b>Date</b> August 8th, 2019
--	---	---------------------------	---------------------------------

**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.

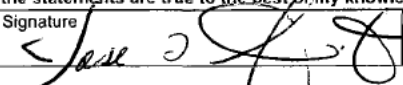
28-RC-246366

Date Filed

8/9/2019

**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> Switch		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6795 S. Edmond St, 3rd Floor, Las Vegas, Nevada 89118	
<b>3a. Employer Representative - Name and Title:</b> Jessica Battaglia-V.P of Human Resources		<b>3b. Address (if same as 2b - state same):</b> 6795 S. Edmond St, 3rd Floor, Las Vegas, Nevada 89118	
<b>3c. Tel. No.</b> (702) 444-4140	<b>3d. Cell No.</b> (702) 419-5135	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jessica@switch.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Data Center		<b>4b. Principal Product or Service</b> Technical Communications	
<b>5a. City and State where unit is located:</b> Las Vegas, Nevada		<b>5b. Description of Unit Involved:</b> Included: CS Apprentice II All Full-time, regular part time CS Lead Tech, CS Tech I, CS Tech II, CS Apprentice I Excluded: All other employees, office clerical employees guards and supervisors as defined by the	
<b>6a. Number of Employees in Unit:</b> 49		<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) 8/9/19 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> N/A		<b>8b. Address:</b> N/A	
<b>8c. Tel. No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any:</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<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> N/A			
<b>10a. Name</b> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b> N/A	<b>10d. Cell No.</b> N/A
		<b>10e. Fax No.</b> N/A	<b>10f. E-Mail Address</b> N/A
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: N/A			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 8/23/19		<b>11c. Election Time(s):</b> 8:00 am-10:00 am 3:30 pm-5:30pm	
<b>11d. Election Location(s):</b> Switch's Offices			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 501 AFL		<b>12b. Address (street and number, city, State and ZIP code):</b> 301 Deauville St Las Vegas, NV 89106	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, Local, 501 AFL-CIO			
<b>12d. Tel. No.</b> 702=382-8452	<b>12e. Cell No.</b> 702-622-0846	<b>12f. Fax No.</b> 702-386-5813	<b>12g. E-Mail Address</b> jsoto@local501.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> Jose Soto Director of Organizing		<b>13b. Address (street and number, city, State and ZIP code):</b> 301 Deauville St, Las Vegas, NV 89106	
<b>13c. Tel. No.</b> 702=382-8452	<b>13d. Cell No.</b> 702-622-0846	<b>13e. Fax No.</b> 702-386-5813	<b>13f. E-Mail Address</b> jsoto@local501.org
<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> Jose Soto		<b>Signature</b> 	<b>Title</b> Director of Organizing
		<b>Date</b> 8/9/19	

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

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



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

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-246695	Date Filed 8/16/2019
--------------------------	-------------------------

**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> Core-Mark International		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 855 Wigwam Parkway NV Henderson 89074	
<b>3a. Employer Representative - Name and Title</b> Andy Ross, Director of Operations		<b>3b. Address (If same as 2b - state same)</b> 855 Wigwam Parkway NV Henderson 89074	
<b>3c. Tel. No.</b> (702) 876-5220	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> arose@core-mark.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Trucking		<b>4b. Principal product or service</b> Food	
<b>4c. City and State where unit is located:</b> Henderson, NV			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 6
<b>Included:</b> See Attached Page 2 for additional details		<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>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 08/06/2019 and Employer declined recognition on or about 08/09/2019 (Date) (If no reply received, so state). Yes  
☐ **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> International Brotherhood of Teamsters Local 14		<b>8b. Address</b> 8951 W. Sahara Ave. #100 NV Las Vegas 89117	
<b>8c. Tel No.</b> (702) 384-7841	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> gdavis@teamsters14.com
<b>8g. Affiliation, if any</b> International Brotherhood of Teamsters		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 03/31/2022

**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)**

<b>10a. Name</b> None	<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.

<b>11b. Election Date(s):</b> 08/29/2019	<b>11c. Election Time(s):</b> 4:30 a.m. to 5:00 a.m.	<b>11d. Election Location(s):</b> Core-mark International, 855 Wigwam Parkway, Henderson, Nevada 89074
---	---	---

<b>12a. Full Name of Petitioner (including local name and number)</b> International Brotherhood of Teamsters Local 14	<b>12b. Address (street and number, city, state, and ZIP code)</b> 8951 W. Sahara Ave. #100 NV Las Vegas 89117-5888
--	---

**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

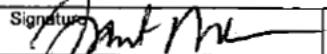
<b>12d. Tel No.</b> (702) 384-7841	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> gdavis@teamsters14.com
---------------------------------------	----------------------	---------------------	--

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

<b>13a. Name and Title</b> Grant Davis, Vice-President	<b>13b. Address (street and number, city, state, and ZIP code)</b> 8951 W. Sahara Ave. #100, Las Vegas, Nevada 89117		
---	---	--	--

<b>13c. Tel No.</b>	<b>13d. Cell No.</b> 702-306-1063	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> gdavis@teamsters14.com
---------------------	--------------------------------------	---------------------	--

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> Grant S Davis	<b>Signature</b> 	<b>Title</b> Director of Operations / Business Agent	<b>Date</b> 08/14/2019 09:32:33
--------------------------------------	---	---	------------------------------------

**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. 74842-43 (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  
Lumpers

Employees Excluded  
Any current non-represented employees

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-246668

Date Filed

08/15/2019

**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> Sin City Plumbing and Maintenance, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2301 Haren Drive, Henderson, NV 89011	
<b>3a. Employer Representative - Name and Title:</b> Michael Eigner, Owner; Jazmin Eigner, Office Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 702-431-6502	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jazmineigner@sincityplumbing.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Plumbing Contractor		<b>4b. Principal Product or Service</b> Plumbing Services	<b>5a. City and State where unit is located:</b> Henderson, NV
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time plumbers and plumber-laborers. <b>Excluded:</b> All other employees, guards and supervisors within the meaning of the Act.			<b>6a. Number of Employees in Unit:</b> 13 <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) _____ 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> No 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 and 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> September 4, 2019		<b>11c. Election Time(s):</b> 9:00 am-11:00 am	
		<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> UA Plumbers and Pipefitters Local 525		<b>12b. Address (street and number, city, State and ZIP code):</b> 760 North Lamb Boulevard, Las Vegas, Nv 89110	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Association of Journeymen & Apprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada			
<b>12d. Tel. No.</b> 702-452-1520	<b>12e. Cell No.</b> 702-883-9402	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mhill@uanet.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> Kathleen Bichner, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> 325 Chestnut Street, Suite 600 Philadelphia, PA 19106	
<b>13c. Tel. No.</b> 267-737-9692	<b>13d. Cell No.</b> 267-255-5363	<b>13e. Fax No.</b> 215-629-4996	<b>13f. E-Mail Address</b> kbichner@odonoghuelaw.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> Kathleen Bichner		<b>Signature</b> /s/ Kathleen Bichner	<b>Title</b> Attorney
			<b>Date</b> 08/15/19

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

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



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

DO NOT WRITE IN THIS SPACE

Case No.  
**28-RC-246723**

Date Filed  
**8/16/2019**

**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.

**2a. Name of Employer**  
Advanced IT Concepts, Inc.

**2b. Address(es) of Establishment(s) involved** (Street and number, city, State, ZIP code)  
20184 Minue Drive, Biggs Field, Fort Bliss, Texas 79918

**3a. Employer Representative - Name and Title**  
Alix Porto

**3b. Address** (If same as 2b - state same)  
1351 Sundial Point, Winter Springs, FL 32708

**3c. Tel. No.**  
321-316-7603

**3d. Cell No.**

**3e. Fax No.**  
321-323-1376

**3f. E-Mail Address**  
alix.porto@aitcinc.com

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

**4b. Principal product or service**  
Flight Simulation

**5a. City and State where unit is located:**  
Fort Bliss, TX

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time Simulator Technicians

**Excluded:** Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.

**6a. No. of Employees in Unit:**  
4

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

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 8/16/2019 **and Employer declined recognition on or about** \_\_\_\_\_ (Date) (If no reply received, so state). **No Reply**

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

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

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

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

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** 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):**  
8/26/2019

**11c. Election Time(s):**  
5:00pm to 7:00pm

**11d. Election Location(s):**  
Chase Suites, 6791 Montana Ave, El Paso, TX 79925

**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, Local Lodge 2515

**12b. Address (street and number, city, state, and ZIP code)**  
PO Box 2620, Alamogordo, NM 88310

**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

**12d. Tel. No.**  
575-434-0211

**12e. Cell No.**  
916-350-0237

**12f. Fax No.**  
575-437-4960

**12g. E-Mail Address**  
cjaramillo@lamaw.org

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

**13a. Name and Title**  
Jason Hardwick, Grand Lodge Representative

**13b. Address (street and number, city, state, and ZIP code)**  
620 Coolidge Rd., Suite 130, Folsom, CA 95630

**13c. Tel. No.**  
916-985-8101


**13d. Cell No.**  
916-936-6013

**13e. Fax No.**  
916-985-8121

**13f. E-Mail Address**  
jhardwick@lamaw.org

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

**Name (Print)**  
Jason Hardwick

**Signature**  


**Title**  
Grand Lodge Representative

**Date**  
8/16/2019

**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. <b>28-RC-247048</b>	Date Filed <b>August 22, 2019</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> URS Federal Services Inc./Solution One Industries, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Creech AFB, 811 Grier Dr., Las Vegas, NV 89119	
<b>3a. Employer Representative - Name and Title</b> Lester Jordan, Labor Relations Manager		<b>3b. Address</b> (If same as 2b - state same) 11832 Rock Landing Dr. Suite 306, Newport News, VA 23606	
<b>3c. Tel. No.</b> 757-383-6223	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Lester.Jordan@aecom.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>5a. City and State where unit is located:</b> Las Vegas, NV			<b>5b. Description of Unit Involved</b>
<b>Included:</b> All Full Time, Regular Part Time, Aircraft Mechanics (Mech), Electronic Technicians (Tech), Weapons Tech, AGE mechanics, Support & Schedulers and Quality Assurance (QA). <b>Excluded:</b> All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and supervisors as defined by the Act.			<b>6a. No. of Employees in Unit:</b> 80 <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"/>
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> 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"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<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</b> (Month, Day, Year)
<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.</b> (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>
<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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Mailed 9/06/2019 and counted 10/04/2019	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, Local Lodge SC711		<b>12b. Address (street and number, city, state, and ZIP code)</b> 4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130	
<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 Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel No.</b> (916) 542-3351	<b>12e. Cell No.</b> (760) 810-6989	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> rcarrillo@iamaw.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> csencer@unioncounsel.net 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> dfujimoto@unioncounsel.net			
<b>Name (Print)</b> David W. M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> August 22, 2019

**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\1042278



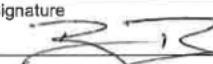
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-247225 Date Filed 08/27/2019

**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> Technica LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1 Cool Blow St., Ste 201, Charleston SC 29403	
<b>3a. Employer Representative - Name and Title:</b> Christian Bassily, Vice President		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (843) 822-9605	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (270) 477-7641	<b>3f. E-Mail Address</b> cbassily@technicanow.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Service Provider		<b>4b. Principal Product or Service</b> Transportation	<b>5a. City and State where unit is located:</b> Ft. Bliss Texas
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All hourly full-time employees, Material Coordinators and Leads employed by the employer Technica <b>Excluded:</b> All supervisors as defined by the Act.			<b>6a. Number of Employees in Unit:</b>  4 <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) _____ 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>		<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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> September 6, or 10, 2019		<b>11c. Election Time(s):</b> 8:00 -- 9:00 a.m.	<b>11d. Election Location(s):</b> Breakroom @ Bld. #2615-A Carrington Rd. Ft Bliss TX
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 351 AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 6967 Commerce Street, El Paso, TX. 79915	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers Local 351 AFL-CIO			
<b>12d. Tel. No.</b> (915) 771-0224	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (915) 771-9018	<b>12g. E-Mail Address</b>
<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> Butch Ballez, Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 6967 Commerce Street, El Paso, TX. 79915	
<b>13c. Tel. No.</b> (915) 771-0224	<b>13d. Cell No.</b> (915) 493-9778	<b>13e. Fax No.</b> (915) 771-9018	<b>13f. E-Mail Address</b> butch.ballez@local351.com
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> Butch Ballez	<b>Signature</b> 		<b>Title</b> Organizer
			<b>Date</b> 8/27/2019

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

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



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

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-247301

Date Filed

8/28/2019

**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.

**2a. Name of Employer**

URS Federal Services/AECOM

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

Building #1012, Creech AFB, NV 89018

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

Lester Jordan, Director of Employee and Labor Relations

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

11832 Rock Landing Dr., Suite 306, Newport News, VA 23606-4278

**3c. Tel. No.**

757-383-6223

**3d. Cell No.**

301-526-0093

**3e. Fax No.**

**3f. E-Mail Address**

lester.jordan@aecom.com

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

Government Contractor

**4b. Principal product or service**

AFB Support Operations

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

Creech AFB, NV

**5b. Description of Unit Involved**

**Included:** All Full Time and Regular Part Time Logisticians, and Supply Technicians employed by the employer at Building 1012 at Creech AFB, NV

**Excluded:** All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and supervisors as defined by the Act.

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

30

**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) 8/28/2019 and Employer declined recognition on or about



(Date) (If no reply received, so state).

**No Reply**

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

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

None

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

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

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** 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):**  
9/17/2019

**11c. Election Time(s):**  
7:00AM - 9:00AM and 3:00PM - 5:00PM

**11d. Election Location(s):**  
Upstairs Conference Room/Meeting Room, Building 1012, Creech AFB, NV 89018

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

International Association of Machinists and Aerospace Workers, Local Lodge SC711

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

P.O. BOX 9701 NELLIS AFB, NV 89191

**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

**12d. Tel. No.**

916-985-8101

**12e. Cell No.**

916-542-3351

**12f. Fax No.**

**12g. E-Mail Address**

rcarrillo@iamaw.org

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

**13a. Name and Title** Jason Hardwick, Grand Lodge Representative

**13b. Address (street and number, city, state, and ZIP code)**  
620 Coolidge Rd, Suite 130, Folsom, CA 95630

**13c. Tel. No.**

916-985-8101

**13d. Cell No.**

916-936-8013

**13e. Fax No.**

916-985-8121

**13f. E-Mail Address**

jhardwick@iamaw.org

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

**Name (Print)**

Jason Hardwick

**Signature**



**Title**

Grand Lodge Representative

**Date**

8/28/2019

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.  
**28-RC-247376**

Date Filed  
**8/28/2019**

**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.

2a. Name of Employer Community Legal Services, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 305 S. 2nd Ave. AZ Phoenix 85003-	
3a. Employer Representative - Name and Title Lillian O Johnson		3b. Address (if same as 2b - state same) 305 S. 2nd Ave. AZ Phoenix 85003-	
3c. Tel. No. (602) 258-3434	3d. Cell No.	3e. Fax No. (602) 254-1536	3f. E-Mail Address ljohnson@clsaz.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal		4b. Principal product or service Non-profit legal services	
5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details  <b>Excluded:</b> See Attached Page 2 for additional details		5a. City and State where unit is located: Phoenix, AZ  6a. No. of Employees in Unit: 24  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/18/2019 and Employer declined recognition on or about 08/05/2019 (Date) (if no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

11b. Election Date(s): 09/12/2019	11c. Election Time(s): 12 - 5:30 p.m.	11d. Election Location(s): 305 S. 2nd Ave., Phoenix, AZ 85003
--------------------------------------	--	--

12a. Full Name of Petitioner (Including local name and number)  
(b) (6), (b) (7)(C) Community Legal Services Support Staff Union (CLSSSU)  
12b. Address (street and number, city, state, and ZIP code)  
2701 E. Andy Devine Ave. Suite 400  
AZ Kingman 86401-

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

12d. Tel. No. (928) 681-1177	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No. (928) 681-5998	12g. E-Mail Address (b) (6), (b) (7)(C)
---------------------------------	--------------------------------------	--------------------------------	--

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

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C) CLSSSU	Date 08/27/2019 19:21:49
-------------------------------------	----------------------------------	-------------------------------------	-----------------------------

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

**PRIVACY ACT STATEMENT**

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

ATTACHMENT 5a to RC Petition  
COMMUNITY LEGAL SERVICES, INC.

5a. Additional locations of the unit include:

2701 E. Andy Devine Ave.  
Suite 400  
Kingman, AZ 86401

148 N. Summit Ave.  
Prescott, AZ 86301

204 South 1<sup>st</sup> Ave.  
Yuma, AZ 85364

845 East B St., Suite 1  
P.O. Box 2045  
San Luis, AZ 85349



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Paralegals/Legal Assistants, Rural Intake Receptionists/Paralegals/Fair Housing Advocate

Employees Excluded

Attorneys, Administration Staff, and VLP Staff/Paralegals

FORM NLRB-502 (RC)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

## RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
28-RC-247387Date Filed  
August 29, 2019

**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.

2a. Name of Employer  
Allied Universal

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)  
600 S. Grand Central Parkway Ste 350, Las Vegas, NV 89106

3a. Employer Representative - Name and Title  
David Chapla - VP Labor Relations

3b. Address (if same as 2b - state same)  
161 Washington St, Suite 600, Conshohocken, PA 19428

3c. Tel. No.  
484-351-1414

3d. Cell No.

3e. Fax No.  
484-351-1419

3f. E-Mail Address  
David.chapla@aus.com

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

4b. Principal product or service  
SECURITY

5a. City and State where unit is located:  
Las Vegas, NV

## 5b. Description of Unit Involved

Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED UNIVERSAL @ REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA, 600 S. GRAND CENTRAL PARKWAY STE 350, LAS VEGAS, NV 89106

6a. No. of Employees in Unit:  
127

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

Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

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). NO

☐ 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).  
UGSOA

8b. Address  
2879 Cranberry Hwy, East Wareham, MA 02538

8c. Tel No.  
774-678-0936

8d. Cell No.

8e. Fax No.  
774-678-4858

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):  
9/23/19

11c. Election Time(s):  
mail

11d. Election Location(s):  
mail

12a. Full Name of Petitioner (including local name and number)  
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)  
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No.  
586-772-7250 X111

12e. Cell No.  
586-872-5634

12f. Fax No.  
586-772-8644

12g. E-Mail Address  
organize@spfpa.org

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

13a. Name and Title  
Gordon Gregory, General Counsel

13b. Address (street and number, city, state, and ZIP code)  
85 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No.  
313-964-5600

13d. Cell No.

13e. Fax No.  
313-964-2125

13f. E-Mail Address  
Gordon@UnionLaw.net

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

Name (Print)  
Dwayne Phillips

Signature  


Title  
Organizing Director

Date  
8/29/19

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.

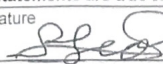


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
28-RC-247464	8/30/2019

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.

2a. Name of Employer: Western Wall Systems, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5075 S. Koval Ln., Las Vegas, Nevada 89119	
3a. Employer Representative - Name and Title: Mr. Schroeder, Super.; Mr. Bellereza, Forman		3b. Address (if same as 2b - state same): 17618 North 28 Drive, Phoenix Arizona 85053	
3c. Tel. No.	3d. Cell No. 480-886-7865	3e. Fax No.	3f. E-Mail Address rschroeder@westernwallsystemsllc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Site		4b. Principal Product or Service Construction	5a. City and State where unit is located: Las Vegas, Nevada
5b. Description of Unit Involved: Included: Plastering Work Excluded: Non Plasterers			6a. Number of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) July 8, 2019 and Employer declined recognition on or about (Date) July 8, 2019 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None.		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 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: Consent or Stipulated, depending upon employer's response.			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 9/24 to 10/1		11c. Election Time(s): 9:00 a.m.	11d. Election Location(s): Neutral
12a. Full Name of Petitioner (including local name and number): Operative Plasterers and Cement Masons Local 797		12b. Address (street and number, city, State and ZIP code): 4231 West Oquendo Road, Las Vegas, Nevada 89118	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Operative Plasterers and Cement Masons International Association			
12d. Tel. No. 702-452-9199	12e. Cell No. 702-569-6545	12f. Fax No. 702-452-1475	12g. E-Mail Address pleos@opcmianevada.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Evan L. James, Esq., Attorney		13b. Address (street and number, city, State and ZIP code): 7440 W Sahara Ave., Las Vegas, Nevada 89117	
13c. Tel. No. 702-255-1718	13d. Cell No. 435-851-2548	13e. Fax No. 702-255-0871	13f. E-Mail Address elj@cjmlv.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pablo Leos		Signature 	Title Organizer
			Date 7/30/19

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.