

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-249393

Date Filed

October 3, 2019

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

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

2a. Name of Employer
URS Federal Services Inc./Solution One Industries, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Creech AFB, 811 Grier Dr., Las Vegas, NV 89119

3a. Employer Representative - Name and Title
Lester Jordan, Labor Relations Manager

3b. Address (If same as 2b - state same)
11832 Rock Landing Dr. Suite 306, Newport News, VA 23606

3c. Tel. No.
757-383-6223

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
Lester.Jordan@aecom.com

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

4b. Principal product or service
Military Support

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

5b. Description of Unit Involved

Included: All Full Time, Regular Part Time, Aircraft Mechanics (Mech), Electronic Technicians (Tech), Weapons Tech, AGE mechanics, Support & Schedulers and Quality Assurance (QA).

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:
120

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

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

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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):
E-Mailed 10/30/2019 and counted 11/27/2019

11c. Election Time(s):

11d. Election Location(s):

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)
4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130

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) 542-3351

12e. Cell No.
(760) 810-6989

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
David W. M. Fujimoto, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel. No.
510-337-1001

13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
nlrnotices@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.

Name (Print)

David W. M. Fujimoto

Signature



Title

Attorney

Date

October 3, 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.

11042278

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE


Case No.

28-RC-249609

Date Filed

10/8/2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: AECOM		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1200 Summit Ave. Ste. 320 Forth Worth, TX. 76102	
3a. Employer Representative - Name and Title: Jason Tolbert, Human Resource Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (760) 792-4674	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jason.tolbert@aecom.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service Provider		4b. Principal Product or Service Military Accessory Issue Items	
5a. City and State where unit is located: El Paso Texas		5b. Description of Unit involved: Included: All hourly employees including all full-time and part-time Supply Tech Leads Excluded: All supervisors as defined by the Act.	
6a. Number of Employees in Unit: 2		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): October 25, 2019		11c. Election Time(s): 11:30 a.m. to 12:00 p.m.	
11d. Election Location(s): Breakroom Bld #1107 Lufberry Rd. Fort Bliss TX.			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 351		12b. Address (street and number, city, State and ZIP code): 6967 Commerce Street, El Paso, TX. 79915	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers AFL-CIO			
12d. Tel. No. (915) 771-0224	12e. Cell No.	12f. Fax No. (915) 771-9018	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Butch Ballez, Organizer		13b. Address (street and number, city, State and ZIP code): 6967 Commerce Street, El Paso, TX. 79915	
13c. Tel. No. (915) 771-0224	13d. Cell No. (915) 493-9778	13e. Fax No. (915) 771-9018	13f. E-Mail Address 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.			
Name (Print) Butch Ballez		Signature 	Title Organizer
		Date 10/8/2019	

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-249653	Date Filed October 8, 2019

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

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

2a. Name of Employer Zenetex and Tyonek, Joint Employers		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 612 Liberator Ave., Hanger 204 Cannon AFB, NM 88103	
3a. Employer Representative - Name and Title Cheryl Reyes, HR Manager		3b. Address (If same as 2b - state same) 1550 Hotel Circle North, Suite 100 San Diego, CA 92108	
3c. Tel. No. (619) 552-3305	3d. Cell No.	3e. Fax No. (703) 935-8360	3f. E-Mail Address cheryl.reyes@zentex.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Contractor		4b. Principal product or service Aircraft Maintenance	5a. City and State where unit is located: Cannon AFB, NM
5b. Description of Unit Involved Included: All Full Time and Permanent Part Time Aircraft Mechanics 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: 5 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) 10/8/2019 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s):	11d. Election Location(s):	

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

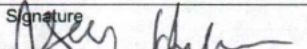
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. 505-242-9622	12e. Cell No. 505-604-8217	12f. Fax No.	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 10/8/2019
---------------------------------------	---	--	--------------------------

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-249801

Date Filed October 11, 2019

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

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

2a. Name of Employer Zenetex and Tyonek, Joint Employers		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 612 Liberator Ave., Hanger 204 Cannon AFB, NM 88103	
3a. Employer Representative - Name and Title Cheryl Reyes, HR Representative/Tina Bruce, Director of Human Resources		3b. Address (if same as 2b - state same) 1550 Hotel Circle North, Suite 100 San Diego, CA 92108/229 Palmer Road Madison, AL 35758	
3c. Tel. No. (619) 552-3305/(256)258-0112	3d. Cell No.	3e. Fax No. (703) 935-8360/(256)258-6292	3f. E-Mail Address cheryl.reyes@zenetex.com/tbruce@tyonek.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Contractor		4b. Principal product or service Aircraft Maintenance	5a. City and State where unit is located: Cannon AFB, NM
5b. Description of Unit Involved Included: All Full Time and Permanent Part Time Aircraft Mechanics 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: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **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.

11b. Election Date(s): 10/24/2019	11c. Election Time(s): 11:00AM - 12:00PM	11d. Election Location(s): Conference Room, 612 Liberator Ave., Hanger 204 Cannon AFB, NM 88103
---	--	---

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

12b. Address (street and number, city, state, and ZIP code)
International Association of Machinists and Aerospace Workers, Local Lodge 794


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, Local Lodge 794

12d. Tel No. 505-242-9622	12e. Cell No. 505-604-8217	12f. Fax No.	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 10/11/2019
---------------------------------------	---	--	---------------------------

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-249894	Date Filed 10/15/2019
---------------------------------	---------------------------------

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

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

2a. Name of Employer Palms Casino Resort	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4321 West Flamingo Road, Las Vegas, NV 89103
--	--

3a. Employer Representative - Name and Title Joseph Grazzini, Director of Engineering for Station Casinos	3b. Address (If same as 2b - state same) Same
---	---

3c. Tel. No. (702) 942-7777	3d. Cell No.	3e. Fax No.	3f. E-Mail Address joseph.grazzini@stationcasinos.com
---------------------------------------	---------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino	4b. Principal product or service Casino	5a. City and State where unit is located: Las Vegas, Nevada
--	---	---

5b. Description of Unit Involved Included: All painters employed at the Palms Casino Resort Excluded: All other employees, guards and supervisors employed at the Palms Casino Resort	6a. No. of Employees in Unit: 5 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) 10/14/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**
☐ 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.

11b. Election Date(s): October 28, 2019	11c. Election Time(s): TBD	11d. Election Location(s): Breakroom, 4321 West Flamingo Road, Las Vegas, NV 89103
---	--------------------------------------	--

12a. Full Name of Petitioner (including local name and number) Painters District Council 16	12b. Address (street and number, city, state, and ZIP code) 1701 Whitney Mesa Drive, Henderson, NV 89014
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Painters and Allied Trades, AFL-CIO

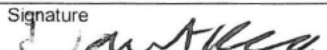
12d. Tel No. (702) 769-9122	12e. Cell No.	12f. Fax No.	12g. E-Mail Address savannah@dc16.us
---------------------------------------	----------------------	---------------------	--

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

13a. Name and Title David A. Rosenfeld, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
--	--

13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address drosenfeld@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.

Name (Print) David A. Rosenfeld	Signature 	Title Attorney	Date October 14, 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.