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

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

DO NOT WRITE IN THIS SPACE						
Case No. 12-RC-240606	Date Filed 5/1/2019					

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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.rith.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.								
<ol> <li>PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboration</li> </ol>	ioner desires to be	certified as repre	esentative of th	e employees. The Pe	etitioner alleges	that the foll	owing circumst	ances exist and
2a. Name of Employer: Badger Daylighting Corp.		825	3 Bama L		ived (Street and	number, City	State, ZIP code	9):
				each, FL 33411				· · · · · · · · · · · · · · · · · · ·
3a. Employer Representative - Nar Elizabeth Peterson	ne and Title:	Sam		e as 2b - state same).	:			
3c. Tel. No. I-877-322-3437	3d, Cell No.		3e. Fax No		3f. E-Mail useast@	)badger-c		
4a. Type of Establishment (Factory, A Hydrovac Constuction	mine, wholesaler, e	tc.)		al Product or Service ac Escavating		West P	d State where us 'alm Beach	ı, FL
5b. Description of Unit Involved: included: All full time Hydro Excav Mechanics, and Welders	ator and Industria s.	l Cleaning Oper	ators, Field T	echnicians,		6a. Numbe 8	r of Employees i	n Ünit:
Excluded: All other employees, pro	ofessional employ	ees, guards and	d supervisor:	s as defined in the a	ct	of the e	ubstantial number imployees in the inted by the Peti	unit wish to be
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cur	NA	(if no reply	received, so	state).		d Employer o	leclined recognit	tion
8a. Name of Recognized or Certific None								
8c. Tel, No.	8d. Cell No.		8e. Fax No	,	8f. E-Mail	8f. E-Mail Address		
8g. Affiliation, if any:			8h. Date of Re	ecognition or Certifica		i. Expiration Date of Current or Most ecent Contract, if any (Month, Day, Year)		
Is there now a strike or picketing a     (Name of Labor Organization)	t the Employer's es	tablishment(s) in	volved? No	If so, approx	•		s are participatin er since (Month,	
10. Organizations or individuals othe individuals known to have a repre							es and other orga	anizations and
10a. Name	10b. A	ddress			10c. Tel. N	0.	10d. Cell No.	
					10e. Fax N	0.	10f. E-Mail Add	ress
11. Election Details: If the NLRB co	nducts and election	in this matter, st	tate your posit	on with respect to an	y such election:	11a. Election  Manua		Mixed Manual/Mail
11b. Election Date(s):	11c. E	ection Time(s):			11d, Electi	on Location(s	s):	İ
12a. Full Name of Petitioner (includ International Union of Op			487	12b. Address (street 1425 N.W. 36t				
12c. Full name of national or internat International Union of Op			titioner is an a	ffiliate or constituent (	'if none, so slate	):		
12d. Tel. No. 202-429-9100	12e. Cell No.		12f. Fax No	o.	12g. E-Ma	Address		
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title: Mark Schaunaman Business Manager					r, city, State and	r, city, State and ZIP code):		
13c. Tel. No. 305-634-34.19	13d. Cell No. 305–608-544		13e. Fax N 305-633	3-0698		iuoe487.	org	
I declare that I have read the above Name (Print)	e petition and that		are true to the	e best of my knowle	edge and belief Title			Date
Mark Schaunaman		Signature /	/		Business N	/lanager		4/30/2019

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

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

Case No. 12-RC-241144

DO NOT WRITE IN THIS SPACE Date Filed 5/9/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the								
(Form NLRB-505); and (3) Description (4) All DB and description (4)				RB 4812). I ne sn	owing of inte	rest snould only be filed		
with the NLRB and should not b  1. PURPOSE OF THIS PETITION: RC-bargaining by Petitioner and Petitione requests that the National Labor Re	CERTIFICATION OF r desires to be certifi	REPRESENTATI ed as representativ	VE - A substantial number ve of the employees. The F	Petitioner alleges that	at the following	circumstances exist and		
2a. Name of Employer	nationio Educa proc	2b. Ad	dress(es) of Establishment					
PGA Tour, Inc.		10 Fi	00 PGA Tour Blvd L Ponte Vedra 32082-					
3a. Employer Representative - Name	3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)							
Neera Shetty			100 PGA Tour Blvd FL Ponte Vedra 32	d 2082-				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre	988		
(904) 273-2382	(214) 924-0544				neerashetty@pga	tourhq.com		
4a. Type of Establishment (Factory, mine	e, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	nd State where unit is located:		
Others			Golf			Ponte Vedra, FL		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: See Attached Page 2 for add	litional details				<u> </u>	7 Sh Dan hata tistana ha (200)		
Excluded: See Attached Page 2 for add	itional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the		
			·		l.	Petitioner? Yes [ ] No [ ]		
Check One: 7a. Request fo	r recognition as Barg	jaining Representa	itive was made on (Date) _	and	d Employer decli	ned recognition on or about		
-	(Date)	(If no reply receive	d, so state).					
			epresentative and desires of	certification under the	Act.			
8a. Name of Recognized or Certified E	Bargaining Agent (II	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	cognition or Certification  8i. Expiration Date of Current or Most Reco				
9. Is there now a strike or picketing at the	e Employer's establis	shment(s) involved	? No If so, approx	imately how many em	ployees are part	ticipating?		
			keted the Employer since (f	Month Day Year)				
10. Organizations or individuals other the known to have a representative interest	an Petitioner and tho	se named in items	8 and 9, which have claime	ed recognition as repr	resentatives and	other organizations and individuals		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB condi	ucts an election in th	is matter, state you	ar position with respect to	11a. Election Type:	Manual 🔽	Mail Mixed Manual/Mail		
11b. Election Date(s): July 1, 2019	11c. E	lection Time(s):		11d. Election Locat Via Mail	ion(s):			
12a. Full Name of Petitioner (including Patrick C Campbell Association of Senior Tour Rules Officials					et and number, co	ity, state, and ZIP code)		
12c. Full name of national or international None	al labor organization	of which Petitioner	r is an affiliate or constituen	t (if none, so state)				
12d. Tel No. 12e. Cell No. 12f. Fax (484) 531-1708 (215) 514-6262			12f. Fax No.		12g. E-Mail Ado pcampbell@off			
13. Representative of the Petitioner w	ho will accept serv	ice of all papers f	or purposes of the repres	entation proceeding	g.			
13a. Name and Title James E Fagan Attorney			13b. Address (street and 8171 Maple Lawn Blvd	Suite 200	and ZIP code)			
Offit Kurman PA 13c. Tel No.	13d. Cell No.		MD Maple Lawn 20759- 13e. Fax No.		13f. E-Mail Add			
(301) 575-0386	(301) 944-4399		<u> </u>		jfagan@offitkur	man.com		
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	/ledge and belief.				
Name (Print)	Signature		Title		Date	-		
James E Fagan	James E. Fagan		Attorney		05/9/2019 1	6:04:48		

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

Employees Included
Senior Tour Rules Officials

Employees Excluded None

DO NOT WRITE IN THIS SPACE				
Case 12-RC-241144	Date Filed 5/9/19			

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.		Date Filed					
12-	RC-241271	5/10/19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2500 Turnage Blvd., West Palm Beach, FL 33406 AVIS BUDGET GROUP, INC. 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: VILAIRE LAZARD, District Manager 3c. Tel. No. 3d, Cell No 3e. Fax No. 3f. E-Mail Address 312-931-5493 vilaire.lazard@avisbudget.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: West Palm Beach, FL Car Rental Agency Car Rental 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 18 Preferred agents, return agents, and rovers. 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? ☒ Yes ☐ No All other employees. Check One: 7 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (if none, so state) Teamsters Local Union No. 769 12365 W. Dixie Highway, North Miami, FL 33161 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 305-891-5896 don769@bellsouth.net 305-642-6255 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most International Brotherhood of Teamsters 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name n/a 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b; Election Date(s): 11c. Election Time(s): 8:00a - 9:00a and 5:00p - 7:00p employer's offices in West Palm Beach May 30 or May 31 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 12365 W. Dixie Highway, North Miami, FL 33161 Teamsters Local Union No. 769 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 12f. Fax No. 12g. E-Mail Address don769@bellsouth.net 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): Don Marr 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e Fax No don769@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. Signature 9. Name (Print) for 5/07/2019 Don Marr **Business Agent** 

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

	DO NOT WRITE	IN THIS SPACE	
Case No.		Date Filed	
12-RC-241487		MAY 15,	2019

INSTRUCTIONS: Unless e-Filed using	ng the Ageney's wahelts un	inu alah any auhmit ai	oviginal of this Butition to a	NI DD affice in the Poster
In which the employer concerned is				
of service showing service on the e	notated. The petition must malower and all other partic	De accompanieu by b	our a snowing or interest (se	e ob below) and a certificate
(Form NLRB-505); and (3) Description with the NLRB and about post post			(B 4612). The snowing of int	erest snould only be tiled
with the NLRB and should not be so 1. PURPOSE OF THIS PETITION: RC-CER	erveg on the employer or an	y otner party.	d amplement with to be a second	
bargaining by Petitioner and Petitioner de	sires to be certified as representative	ve of the employees. The P	etitioner alleges that the following	circumstances exist and
requests that the National Labor Relati	ons Board proceed under its pro	per authority pureuant to	Section 9 of the National Labor R	elations Act.
2a. Name of Employer	2b. Ad		(s) involved (Street and number, city	, State, ZIP code)
Los Ciproses	رين		yamon, P. 12.	
3a. Employer Representative - Name and		3b. Address (If same as	•	
	Dir · revsonal	3e. Fax No.		
3c. Tel. No. 787 - 799 -2929	3d. Cell No.		2 9 3 O 3f. E-Mail Add	ress
4a. Type of Establishment (Factory, mine, w	holesaler, etc.) 4b Principal pro	duct or service	5a. City	and State where unit is located:
Cementary	<u> </u>	entery / Fune	ven Ba	Varyon
5b. Description of Unit Involved	. 1 .	/ i 1	11 - 44.06	6a. No. of Employees in Unit:
included: All Service and	, maintainance	europyed	by the emply	6b. Do a substantial number (30%
ext the comentary	in Bayamos.			of more) of the employees in the
THE PART OF	players clenic	I employees	saurde Super	unit wish to be represented by the
visors defined	4, the tet.			Petitioner? Yes X No
Check One: 7a. Request for re	cognition as Bargaining Represent		and Employer dec	lined recognition on or about
	(Date) (If no reply receive			•
8a. Name of Recognized or Certified Barg	rrently recognized as Bargaining R			
Unión de Tranquis	as, Local 90)	352 CA	Hedel Pingue, S. J	.PR 00917
8c. Tel No. 721 - 8980	8d Cell No.	8e. Fax No. 724-21	8f. E-Mail Add	zlu 90/ pamailon
8g. Affiliation, if any		8h. Date of Recognition or		Date of Current or Most/Recent
IRT				y (Month, Day, Year)
9. Is there now a strike or picketing at the El	nployer's establishment(s) involved	17 VO If so, approx	imately how many employees are pa	rticipating?
(Name of labor organization)	has pic	keted the Employer since (I	Month, Day, Year)	
10. Organizations or individuals other than I				d other organizations and individuals
known to have a representative interest in a	ny employees in the unit described	In item 5b above. (If none,	so státe)	
10a. Name	10b. Address		10c. Tel. No.	10d. Cell No.
	i			<u> </u>
			10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in this matter, state yo	ur position with respect to	11a. Election Type: Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 5/27 / 2019	11c. Election Time(s):		11d. Election Location(s):	
	7:00 AH	7:00 77		
120. Full Name of Petitioner (including to		1	12b. Address (street and number,	city, state, and ZIP code)
iga. Full Name of Petitioner (Including to	cal name and number)	wes (cor)	12b. Address (street and number,	city, state, and ZIP code)
120. Full Name of Petitioner (including to	cal name and number)	r is an affiliate or constituen	12b. Address (street and number,	city, state, and ZIP code)
12c. Full name of national or international la	ibor organization of which Pelitione	r is an affiliate or constituen	12b. Address (street and number, Rb Rb) 112 90) S. t (if none, so state)	city, state, and ZIP code)  S P12 80919 - 2901  ddress
12c. Full name of national or international is	ibor organization of which Pelitione 12e. Cell No.	r is an affiliate or constituent	12b. Address (street and number, Po Box 112 90) St. I (If none, so state)	city, state, and ZIP code)  S P12 80919 - 2901
12c. Full Name of Petitioner (Including Identification of Including Identification of Iden	ibor organization of which Pelitione  12e. Celi No.  328-4330  will accept service of all papers	r Is an affiliate or constituent  12f. Fax No. — 30  for purposes of the representations.	12b. Address (street and number, Po Box 112 90) St. I (If none, so state)	city, state, and ZIP code)  S P12 80919 - 2901  ddress
12c. Full Name of Petitioner (Including to Course)  12c. Full name of national or international la  12d. Tel No.  2 7 4 7 7 7 9  13. Representative of the Petitioner who  13a. Name and Title  13c. Tel No.	ibor organization of which Pelitione  12e. Celi No.  328-4330  will accept service of all papers	r Is an affiliate or constituen  12f. Fax No.  12f. Fax No.  12f. Fax No.	12b. Address (street and number, Rb Bb). 112 90) So t (if none, so state)  12g. E-Mail A cat-oue tentation proceeding.  d number, city, state, and ZIP code)	city, state, and ZIP code)  S. P.12. 80919 - 2901  ddress  VA vico Agrici (
12c. Full Name of Petitioner (Including to Court of Court	ibor organization of which Pelitione  12e. Cell No.  328- 4330  will accept service of all papers  13d. Cell No.  338-4330	12f. Fax No. 250 - 30 for purposes of the representation 13b. Address (streat and 13e. Fax No.	12b. Address (street and number, Ro Box 112 90) Sont (if none, so state)  12g. E-Mail A Cat Que tentation proceeding.  d number, city, state, and ZIP code)  13f. E-Mail, A Cat Que tentation	city, state, and ZIP code)  S. P.12 80919 - 2901  ddress  VA vico Agraci (
12c. Full Name of Petitioner (Including to Course)  12c. Full name of national or international is  12d. Tel No.  2 7 4 7 2 4  13c. Tel No.  13c. Tel No.  2 9 2 4  I declare that I have read the above petit	ibor organization of which Pelitione  12e. Celi No.  328-4330  will accept service of all papers  13d. Celi No.  519-4330  lonyand that the statements are to	r Is an affiliate or constituen  12f. Fax No.  13b. Address (street and 13e. Fax No.  255 27  True to the best of my know	12b. Address (street and number, Rb Rb), 112 90) So t (if none, so state)  7	city, state, and ZIP code)  S. P.12. 80919 - 2901  ddress  VA vico Agrici (
12c. Full Name of Petitioner (Including to Course)  12c. Full name of national or international la  12d. Tel No.  274  13. Representative of the Petitioner who  13a. Name and Title  13c. Tel No.  296  4924  I declare that I have read the above petit  Name (Print)  Solution Signature Si	ibor organization of which Pelitione  12e. Cell No.  328-4330  will accept service of all papers  13d. Cell No.  238-4330  lonyand that the statements are to affature	r Is an affiliate or constituent 12f. Fax No. 250 - 30 for purposes of the representation 13b. Address (streat and 13e. Fax No. 250 - 30 7 rue to the best of my know Title 77 CP	12b. Address (street and number, Ro Box 112 90) Sont (if none, so state)  12g. E-Mail A Cat Que tentation proceeding.  d number, city, state, and ZIP code)  13f. E-Mail, A Cat Que tentation	city, state, and ZIP code)  S. P.12. 80919-2901  ddress  Varico Agrici (a

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 illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). 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

DO NO	T WRITE IN THIS SPACE	
Case No.	Date Filed `	
12-RC-242331	MAY 29 2019	

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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Carr. 28 Km 2.0 Luchetti Industrial Park PUMA Energy Caribe, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Bayamon, Puerto Rico 00961 Lcda. Karen Ortiz 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f F-Mail Address (787) 705-7929 (787) 705-6965 Karen.Ortiz@pumaenergy.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Bayamon, PR Company Supply and storage of fuel 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All regular full-time and part-time Maintenance Workers working for the employer at its facility in Bayamon, PR. 6b. Do a substantial number (30% or more) of the employees in the Operators LPG and all other employees, guards and supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 05/29/2019 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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? n/a has picketed the Employer since (Month, Day, Year) n/a (Name of labor organization) n/a 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 10d. Cell No. 10a. Name 10b Address 10c. Tel. No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): Taller de Mantenimiento, Salon Comedor, Bayamon June 12, 2019 11:00 a.m 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) PO Box 344, Cataño, PR 00963 Congreso de Uniones Industriales de Puerto Rico 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d. Tel No. josealbertofigueroa@yahoo.com 787-599-9670 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title José A. Figueroa Rios Box 344 Cataño, Puerto Rico 00963 13e. Fax No. 13f. E-Mail Address 13d Cell No 13c. Tel No. josealbertofigueroa@yahoo.com (787) 599-9670 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) President José A. Figueroa Rios ION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION WILLFUL FALSE STATEMENTS ON THIS

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

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No: Date Filed

	RD PETITION		<u> </u>	1	2-RD-2412.	3.3	05/10/2019	
employer concerned is locate the employer and all other pa Case Procedures (Form NLRI	ed using the Agency's website, d. The petition must be accomp ties named in the petition of (1) 3 4812). The showing of interest	anied by both a sho the petition; (2) Sta should only be file	owing of inter- tement of Pos d with the NLI	st (see 7 b ition form RB and sho	elow) and a certifica (Form NLRB-505); e ould <u>not</u> be served o	ite of service si nd (3) Descripti n the employer	nowing service on on of Representation or any other party.	
recognized bargaining represe	N: RD-DECERTIFICATION (REM Intative is no longer their represent ander its proper authority pu	ative. The Petitioner rsuant to Section 9	alleges that t of the Nation	he followin al Labor Re	g circumstances ex elations Act.	ist and request	s that the National	
2a. Name of Employer Covanta Hillsborough, Inc		2b. Address(es) of 350 N. Falkent	Establishment ourg Rd., Ta	s) involved impa, FL	(Street and number, of 33619	city, state, ZIP co	ode)	
3a. Employer Representative - N Steve Abe, Plant Manager		3b. Address (If sam same	e as 2b - state	same)				
3c. Tel. No. 813-793-0941	3d. Fax No.	3e. Cell No.		3f. E-Mail Address sabe@covanta.com				
la. Type of Establishmant (Factor Power Plant	y, mine, wholesaler, etc.)				al product or service e Recovery/Pow	er plant		
a. Description of Unit Involved							nd State where unit	
ncluded: See attached Excluded:						Tampa,		
See attached	<u> </u>							
6. No. of Employees in Unit 35	Do a substantial numbe recognized bargaining r			the unit no		presented by the	certified or currently	
Ba. Name of Recognized or Certifi International Brotherhood	ed Bergaining Agent of Electrical Workers, AF	L-CIO, Local 10			8b. Affiliation, if any IBEW, AFL-CI	0		
8c. Address 10108 US Highway 92 Ea	st		8d. Tel. No. 813-621-2	418	8e. Cell No.			
Tampa, FL 33610			8f. Fax No. 813-621-1					
9. Date of Recognition or Certifica November 29, 2017	tion	10. Expiration Date N/A	of Current or f	fost Recen	Contract, if any (Mon	nth, Day, Year)		
11a. Is there now a strike or picke	ting at the Employer's establishme	nt(s) involved? Y	es 🗶 No	11b. If so,	approximately how ma	any employees à	ere participating?	
(insert Address)	eled by or on behalf of (Insert Nar	·				e (Month, Day, Y	a labor organization, of lear)	
12. Organizations of individuals of	ther those named in items 8 and 11 a representative interest in any en	c, which have claime	ed recognition a	as represen	tatives and other orga	inizations N/A	•	
12a, Name	12b. Address	inployees in the Only		12c. Tel. N		12d. Fax No.	· · · · · · · · · · · · · · · · · · ·	
		,		12e. Cell N	lo.	12f. E-Mail Addr	ess	
13. Election Details: If the NLRE matter, state your position with	respect to any such election.				on Type: 🔀 Manual	Mail	Mixed Manual/Mail	
13b. Election Date(s) 5/29/19	13c. Election Tir 11:30 am - 1		-	13d. Electi Facility	on Location(s) 2nd Floor Confe	rence Room		
14. Full Name of Petitioner (b) (6), (b) (7)(C)								
14a, Address (Street and number, b) (6), (b) (7)(C)	city, state, ZIP code)			14b. Tel. No. (b) (6), (b) (7)(C)		14c. Fax No.		
				14d. Celi No. 14e, E-Mail Address. (b) (6), (b) (7)(C)				
14f. Affiliation, if any								
	ner who will accept service of al	papers for purpos	es of the repr		proceeding.		<del></del>	
15a. Name N/A				15b.Title				
15c. Address (Street and number,	city, state, ZIP code)	7		15d. Tel. N	lo.	15e. Fax No.		
				15f. Cell N	o	15g. E-Mail Add	ress	
declare that I have read the ab	ove petition's (b) (6), (b) (7)	(C)	ny kno	wiedge an	d belief.			
b) (6), (b) (7)(C)				(b) (6),	(b) (7)(C)		5/10/19	
WILLFUL FALSE S	TATEMENTS		NE AN		MINERI 10:0: CODE,	TITLE 10, SEC	TION (001)	

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**Attachment to RD Petition** 

Covanta Hillsborough, Inc.

5a. Description of Unit Involved:

Included: All full-time and regular part-time Auxiliary Operators, Control Room Operators, Equipment Operators, Electrical and Instrument Technicians, Lead Maintenance Mechanics, Maintenance Mechanics and Welders, Painters, Storekeepers, Planners/Schedulers, and Utility Operators employed by the Employer at the Hillsborough County Resource Recovery facility located at 350 N. Falkenburg Road, Tampa, Florida.

Excluded: All other employees, office clerical employees, professional employees, guards and supervisors as defined in the Act.