

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-240606

Date Filed
5/1/2019

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

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

2a. Name of Employer: Badger Daylighting Corp.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8253 Bama Lane West Palm Beach, FL 33411
3a. Employer Representative - Name and Title: Elizabeth Peterson	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 1-877-322-3437	3d. Cell No.	3e. Fax No.	3f. E-Mail Address useast@badger-corp.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hydrovac Constuction	4b. Principal Product or Service Hydrovac Escavating	5a. City and State where unit is located: West Palm Beach, FL
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5b. Description of Unit Involved: Included: All full time Hydro Excavator and Industrial Cleaning Operators, Field Technicians, Mechanics, and Welders. Excluded: All other employees, professional employees, guards and supervisors as defined in the act.	5a. Number of Employees in Unit: 8
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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: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about (Date) NA (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) None	8b. Address.
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 487	12b. Address (street and number, city, State and ZIP code): 1425 N.W. 36th Street, Miami, FL 33142
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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

12d. Tel. No. 202-429-9100	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Mark Schaunaman Business Manager	13b. Address (street and number, city, State and ZIP code): 1425 N.W. 36th Street, Miami, FL 33412
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13c. Tel. No. 305-634-3419	13d. Cell No. 305-608-5444	13e. Fax No. 305-633-0698	13f. E-Mail Address mark@iuoe487.org
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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) Mark Schaunaman	Signature 	Title Business Manager	Date 4/30/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

12-RC-241144

Date Filed

5/9/19

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 PGA Tour, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 PGA Tour Blvd FL Ponte Vedra 32082-	
3a. Employer Representative - Name and Title Neera Shetty		3b. Address (If same as 2b - state same) 100 PGA Tour Blvd FL Ponte Vedra 32082-	
3c. Tel. No. (904) 273-2382	3d. Cell No. (214) 924-0544	3e. Fax No.	3f. E-Mail Address neerashetty@pgatourhq.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Golf	
		5a. City and State where unit is located: Ponte Vedra, FL	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 7 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: <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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): July 1, 2019	11c. Election Time(s): 10:00 a.m.	11d. Election Location(s): Via Mail	
12a. Full Name of Petitioner (including local name and number) Patrick C Campbell Association of Senior Tour Rules Officials		12b. Address (street and number, city, state, and ZIP code) 401 Plymouth Meeting Road Suite 100 PA Plymouth Meeting 19462-	
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. (484) 531-1708	12e. Cell No. (215) 514-6262	12f. Fax No.	12g. E-Mail Address pcampbell@offitkurman.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title James E Fagan Attorney Offit Kurman PA		13b. Address (street and number, city, state, and ZIP code) 8171 Maple Lawn Blvd Suite 200 MD Maple Lawn 20759-	
13c. Tel No. (301) 575-0386	13d. Cell No. (301) 944-4399	13e. Fax No.	13f. E-Mail Address jfagan@offitkurman.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) James E Fagan	Signature James E. Fagan	Title Attorney	Date 05/9/2019 16:04:48

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

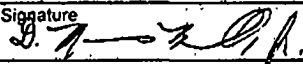
12-RC-241271

Date Filed

5/10/19

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: AVIS BUDGET GROUP, INC.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2500 Turnage Blvd., West Palm Beach, FL 33406	
3a. Employer Representative - Name and Title: VILAIRE LAZARD, District Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No. 312-931-5493	3e. Fax No.	3f. E-Mail Address vilaire.lazard@avisbudget.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Car Rental Agency		4b. Principal Product or Service Car Rental	5a. City and State where unit is located: West Palm Beach, FL
5b. Description of Unit Involved: Included: Preferred agents, return agents, and rovers. Excluded: All other employees.		6a. Number of Employees in Unit: 18 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) Teamsters Local Union No. 769		8b. Address: 12365 W. Dixie Highway, North Miami, FL 33161	
8c. Tel. No. 305-642-6255	8d. Cell No.	8e. Fax No. 305-891-5896	8f. E-Mail Address don769@bellsouth.net
8g. Affiliation, if any: International Brotherhood of Teamsters		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? <u>No</u> 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 n/a	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 type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): May 30 or May 31		11c. Election Time(s): 8:00a - 9:00a and 5:00p - 7:00p	
11d. Election Location(s): employer's offices in West Palm Beach			
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 769		12b. Address (street and number, city, State and ZIP code): 12365 W. Dixie Highway, North Miami, FL 33161	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No.	12e. Cell No.	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: Don Marr		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address 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.			
Name (Print) Don Marr		Signature 	Title Business Agent
		Date 5/07/2019	

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-241487

Date Filed
MAY 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
Los Cipreses

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Carr. 840 Bayamon, P.R.

3a. Employer Representative - Name and Title
Zuhma Acosta, Dir. Personal

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

3c. Tel. No.
787-799-2929

3d. Cell No.

3e. Fax No.
787-799-2930

3f. E-Mail Address

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

4b. Principal product or service
Cementery / Funeral

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

5b. Description of Unit Involved

Included: All service and maintenance employed by the employer at the cementery in Bayamon.
Excluded: All other employees, clerical employees, guards, supervisors defined in the Act.

6a. No. of Employees in Unit:
16

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) _____ 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).
Union de Transeistas, Local 901

8b. Address
352 Calle del Parque, S.J. PR 00912

8c. Tel. No.
721-8480

8d. Cell No.

8e. Fax No.
724-2190

8f. E-Mail Address
triguista14901@gmail.com

8g. Affiliation, if any
IRT

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
3/3/2019

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):
5/27/2019

11c. Election Time(s):
7:00 AM - 9:00 AM

11d. Election Location(s):
Caguas

12a. Full Name of Petitioner (including local name and number)
Central General de Trabajadores (CGT)

12b. Address (street and number, city, state, and ZIP code)
PO Box 192 901 SS, PR 00919-2901

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.
296-4924

12e. Cell No.

12f. Fax No.
328-4330

12g. E-Mail Address
catpuertorico@gmail.com

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

13a. Name and Title
Scott F. Barba

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

13c. Tel. No.
296-4924

13d. Cell No.

13e. Fax No.
328-4330

13f. E-Mail Address
sbarba@gmail.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)
Scott F. Barba

Signature
[Signature]

Title
Rep

Date
5/15/2019

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-242331

Date Filed

MAY 29, 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 PUMA Energy Caribe, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Carr. 28 Km 2.0 Luchetti Industrial Park	
3a. Employer Representative - Name and Title Lcda. Karen Ortiz		3b. Address (If same as 2b - state same) Bayamon, Puerto Rico 00961	
3c. Tel. No. (787) 705-7929	3d. Cell No.	3e. Fax No. (787) 705-6965	3f. E-Mail Address Karen.Ortiz@pumaenergy.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Company		4b. Principal product or service Supply and storage of fuel	
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. Excluded: Operators LPG and all other employees, guards and supervisors as defined in the Act.		5a. City and State where unit is located: Bayamon, PR	
		6a. No. of Employees in Unit: 19 <u>7</u> <u>SR</u>	
		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) 05/29/2019 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.

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? n/a
(Name of labor organization) n/a, has picketed the Employer since (Month, Day, Year) 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

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): June 12, 2019	11c. Election Time(s): 11:00 a.m.	11d. Election Location(s): Taller de Mantenimiento, Salon Comedor, Bayamon
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12a. Full Name of Petitioner (including local name and number) Congreso de Uniones Industriales de Puerto Rico	12b. Address (street and number, city, state, and ZIP code) PO Box 344, Cataño, PR 00963
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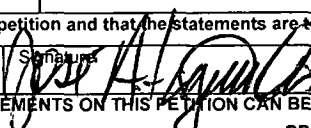
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel No. 787-599-9670	12e. Cell No.	12f. Fax No.	12g. E-Mail Address josealbertofigueroa@yahoo.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title José A. Figueroa Rios		13b. Address (street and number, city, state, and ZIP code) Box 344 Cataño, Puerto Rico 00963	
13c. Tel No. (787) 599-9670	13d. Cell No.	13e. Fax No.	13f. E-Mail Address josealbertofigueroa@yahoo.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) José A. Figueroa Rios	Signature 	Title President	Date 29 May 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RD-241233

Date Filed

05/10/2019

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Covanta Hillsborough, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 350 N. Falkenburg Rd., Tampa, FL 33619	
3a. Employer Representative - Name and Title Steve Abe, Plant Manager		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 813-793-0941	3d. Fax No.	3e. Cell No.	3f. E-Mail Address sabe@covanta.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Power Plant		4b. Principal product or service Resource Recovery/Power plant	
5a. Description of Unit Involved Included: See attached Excluded: See attached			5b. City and State where unit is located: Tampa, FL
6. No. of Employees in Unit 35 Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8a. Name of Recognized or Certified Bargaining Agent International Brotherhood of Electrical Workers, AFL-CIO, Local 108		8b. Affiliation, if any IBEW, AFL-CIO	
8c. Address 10108 US Highway 92 East Tampa, FL 33610		8d. Tel. No. 813-621-2418	8e. Cell No.
		8f. Fax No. 813-621-1687	8g. E-Mail Address dbowden@ibew108.org
9. Date of Recognition or Certification November 29, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state) N/A			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 5/29/19	13c. Election Time(s) 11:30 am - 12:30 pm	13d. Election Location(s) Facility 2nd Floor Conference Room	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name N/A		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and its contents, and I believe in its truth and in my knowledge and belief.			
Name of Petitioner (b) (6), (b) (7)(C)		Signature of Petitioner (b) (6), (b) (7)(C)	
Date Filed 5/10/19			

WILLFUL FALSE STATEMENTS

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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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, 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.