UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

UNITED STATES GOVERNMENT	DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD.  RC PETITION	Case No. 12-RC-226706	Date Filed 4, 2018		
		and an All DD office in the Davier		
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.	gov, sudmit an original of this Petiti	on to an NLKB office in the Region :		

in which the employer concerned is loca					
of service showing service on the emplo					
(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 <u>not</u> be served	with the NLRB and should <u>not</u> 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. Add	dress(es) of Establishment	(s) involved (Street a	and number, city,	State, ZIP code)
Size Dairy (Production)	170 15	0x 323707 S		136 -36	-07
3a. Employer Representative – Name and Title	2 14	3b. Address (If same as	•		
Coisela Coonzalez Ortiz, H.	ell No.	3e. Fax No.	-we	3f. E-Mail Addre	oce
	-399-7107	707 -645	-(-		assisant com
4a. Type of Establishment (Factory, mine, wholesa			· •	5a. City ai	nd State where unit is located:
Factory	Dairy				Piedras, SJ.
Sh. Deceription of Halt Involved	- 1		1 1 . 1	1	6a. No. of Employees in Unit:
included: All production and munh	ainance employees	, retrigeration depo	ntment employ	ees 1	145
Included: All production and maint work of the work work of the work work of the control of the	lation signed by	both pendics o	n Nov. 1st	2002.	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	on as Bargaining Representa	tive was made on (Date)	ar	nd Employer declin	ned recognition on or about
	_(Date) (If no reply received				
	recognized as Bargaining Re		certification under the	e Act.	
Ba. Name of Recognized or Certified Bargaining	Agent (If none, so state).	Andress C	oil Ti	C . S . Cl . W	505 55 PZ 004/8
BC. Tel No.   Bd Co	ales y Construction	8e. Fax No.	Sldy. bric	8f. E-Mail Addre	SO2 33 1 F 107/8
		700-7088			
8g. Affiliation, If any		8h. Date of Recognition or	Certification		ate of Current or Most Recent
				Nov. 30	(Month, Day, Year)
9. Is there now a strike or picketing at the Employe	re petablichmant/e\ involvad	2 N() If he androvi	imately how many a		
	• •			inployees are part	ucipauligr
(Name of labor organization)		eted the Employer since (A			,
Organizations or individuals other than Petition known to have a representative interest in any empty.	er and those named in items loyees in the unit described i	in item 5b above. <i>(If none,</i>	so state)	presentatives and	other organizations and individuals
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 ele	L ction in this matter, state you	r position with respect to	11a. Election Type	: Manual	Mall Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. Election Time(s):	·	11d. Election Loca	70	
Sept. 76. 70 B	4 00 Au - 9:00 Au	2:00pm - 9:00 AM	TOH	(Suine D	MINY)
Sept. 76, 7018  12a. Full Name of Petitioner (including local national formula). Compared the Tre Sejection of the Sejection	me and number)	. \	12b. Address (stre	et and number, c	ity, staté, and ZIP code)
Central General de Trabaja	doves (67	<u> </u>	10 BOX 197	ZZ 10PSJ	P.R. 00919-2901
12c. Full name of national or international labor-org	anization of which Petitioner	is an affiliate or constituent	t (if none, so state)		
	Cell No. 2~43370	12f. Fax No. 296 - 90 7 2	;	12g. E-Mail Add	ricocamuilicom
13. Representative of the Petitioner who will ac			entation proceeding	9.7	,
13a. Name and Title Scitt I. Buibes Cominve	•	13b. Address (street and	d number, city, state	, and ZIP code)	2001
13c. Tel No. 13d.	Cell No.	13e. Fax No.		13f. E-Mail Add	lress ./
1 declare that I have read the above petition/end	28 - 4330 I that the statements are tru	$\frac{1}{2}$ $\frac{296-9072}{1}$		Sberses	egmoil.com
Name (Print) Signature	<u> </u>	Title / /		Date	
Suft F. Bouses 1716	the state of the s	Kepresentet.		SEAF	4, 70 R.
WILLFUL FALSE STATEMENTS O	N THIS PETATION CAN BE A	PUNISHED BY FINE AND	IMPRISONMENT (L	J.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.

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE		
Case No.	Date Filed		
12_RC_226717	SESEP	4,	2018

INSTRUCTIONS: Unless e-Filed using the	Agency's website, <u>ww</u>	<u>w.nirb.gov</u> , submit ei	n original of this	Petition to an	NLRB office in the Re	gion
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			RB 4812).  The sh	owing of inter	rest should only be file	ed
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						
1. PURPOSE OF THIS PETITION: RC-CERTIFICA bargaining by Petitioner and Petitioner desires to	ATION OF REPRESENTATIVE to the control of the contr	/E - A substantial number of the employees. The F	of employees wish to Satisfanar elleges th	be represented for	or purposes of collective	
requests that the National Labor Relations Bo	oard proceed under its prop	er authority pursuant to	Section 9 of the Na	tional Labor Rela	ations Act.	
2a. Name of Employer	, 2b. Add	fress(es) of Establishment	(s) involved (Street a	nd number, city, S	State, ZIP code)	
Diza Dairy Trunsporte	10 150	0x 323207 5	5, PR 0.09	36 - 72	07	
3a. Employer Representative - Name and Title	0.1	3b. Address (If same as	•		•	
Coisela Counzelez 01+,7, H	oll No.	3e. Fax No.	<b>C</b>	3f. E-Mail Addres		
	19-7107	700 - 100	15%	A A A A A A	1078 6 1 2	
4a. Type of Establishment (Factory, mine, wholesal	ler, etc.) 4b. Principal prod	luct or service	136	1 5a_City an	leze Sui Zoox	ad:
Raw Mik Tomsport  5b. Description of Unit Involved	Trang	out		15.6	Pildres	
5b. Description of Unit Involved		1	,		6a. No. of Employees in Un	it:
Included: All You milk t	transport true	ek drivere	employe	·es	29	
Employed by the employed	uyer.	,, , <b>,</b> ,, ,			6b. Do a substantial number or more) of the employees	r (30% in the
All other employ	ees asia	South and a	an Canada C		unit wish to be represented	by the
Included: All row milt of employed by the empl		rical employe	es, supervisi	79.08	Petitioner? Yes 🔀 No	
Check One: 7a. Request for recognition	on as bargaining Representat	uve was made on (Date) _	en	d Employer declin	red recognition on or about	
7h Delillerer is surreth.	(Date) (if no reply received	•		. A		
8a. Name of Recognized or Certified Bargaining	recognized as Bargaining Re Agent (If none, so state).	A 8b. Address				
Ba. Name of Recognized or Certified Bargaining	Les Monstracion	luitiel (apital	Alla. Torr	Sur Str	.805 SJPR 0	0918
BC. Tel No   8d Co	BII No. /	Be. FaxNo.	, ,	8f. E-Mail Addre	188 hreyes evitice pr.	org
8g. Affiliation, if any	364-4361	790 - 22 8h. Date of Recognition or		MYEVES	e cymail. (& mate of Current or Most Rece	37 7
og. Amiliation, il any		on. Date of Recognition of	Ceruncation	Contract, if any	(Month, Day, Year)	H
<u> </u>				Nov. 3	30,2018	
9. Is there now a strike or picketing at the Employe	r's establishment(s) involved	? If so, approx	imately how many er	nployees are part	iclpating?	
(Name of labor organization)	has pick	eted the Employer since (	Month, Day, Year)			
10. Organizations or individuals other than Petition				resentatives and	other organizations and ind	ividuals
known to have a representative interest in any emp	oloyees in the unit described I	n item 5b above. (If none,	, so state)		•	
10a. Name	10b. Address		10c. Tel. No.		10d. Ceil No.	
			100.10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an ele	etion in this motter state you	s anothing with suggest to			, <u> </u>	
any such election.	cuon in triis matter, state you	r position with respect to	11a. Election Type		Mail Mixed Manua	I/Mail
11b. Election Date(s):	11c. Election Time(s):	_ ^	11d. Election Loca			
12a. Full Name of Petitioner (Including local na	4:00 Nor - 4:00 Am	4 7.00 pm - 1:00 p.	~ ~ ~ Q	M 150.	ity, state, and ZIP code)	<del></del>
Cortal General de	Trescience	S (CGT)	PO KAY 197	erano number, a クタムにくて	19, 81416, and 217 code) 19,7 00419 - 290	· 1
12c. Full name of national or international labor organization	anization of which Petitioner	is an affiliate or constituer	nt (if none, so state)	2101 37,	rk 00411 - 240	
NONE						_
	Cell No.	12f. Fax No.		12g. E-Mail Add		
13. Representative of the Petitioner who will ap	cent service of all papers for	296 - 907 2	entation proceeding	cgt puert	v cico e gmuil.	1000.
13a. Name and Title	oprocesses of all papers in	1 13h Address (etreet en	od number city state	and ZIP codel	•	
LScotl F. B-Ses Comme	a Rio	13b. Address (street an	2901 57	D1 00	919 - 2901	
13c, Tel No. 13d.	Cell No.	13e. Fax No.		13f. E-Mail Add		
	28-4330	796 - 50		Stailes	s @ gmailic	وس
I declare that I have read the above petition an			wiedge and belief.	<u> </u>		
Name (Print) Signature	71/1/1/	Title (C10.	•	Date	1 1/ 2/10	·
WILLFUL FALSE STATEMENTS O	IN THIS DETITION CAN BE	DI INIGUED DV EINE AND	IMPRICALINE AT "	S CODE TITLE		•
THE TOP THESE STATEMENTS O	M INISTENIION CAN BE	PUNIONED OT PINE AND	INITHIOUNIENI (L	UUDE, IIILE	: 10, 3EU (IUM 1991)	

PRIVACY ACT STATEMENT

Solicitation of the information on this form's 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

Case No. 12-RC-226734 Date Filed SEP 4, 2018

DO NOT WRITE IN THIS SPACE

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Po BOX 323207 SJ, P2 00930 - 3207

| 3b. Address (If same as 2b - state same) Juiza Dairy (Neva Plastics 3a. Employer Representative - Name and Title Consalez Ostic H. 3d. Cell No. H 12 8€:≺el. No. 3e. Fax No. 3f. E-Mail Address 207 - Le456 787- 709 ファフー 990120 LT CSNIZODY . COM 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Piedros, SJ Factor 10 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Protection and Maintainance employees, including numehouse runners", employed by the employer in its Facilities located in Rio Excluded: Pictores, D.R. 38 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All clevical and office employees, quards Survirus Petitioner? Yes No , confidential employees and 7a. Request for recognition as Bargaining Representative was made on (Date) 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 0041 Union Insular de Industriales UITZEE) Capital Trabajadores 8c. Tel No. 787-720-8d Cell No. 8f. E-Mail Address 8e. Fax No. 787-200- 70 88 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Nov. 30 2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 🔥 🖸 🔝 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 11a. Election Type: Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 4:00 AM - 9:00 AM september 26, 7018 TQ.H. (Sviza Dajcy 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Central Cocyeral de Trabajadores (CGT) Presox 192

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Pr BOX 192901 ST. PR 001919-2001 12d. Tel No. 787 - 296 - 4924 12f. Fax No. 787 - 246 - 9072 12g. E-Mail Address 12e. Cell No. 328-4330 cationertorico email.com 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 0019-2901 Suff F. Bar PO BOX 192901 55, P.R 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 296 -4424 328-4330 296-9072 Sbarbese 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) Title Representat, ve Date Soft F. Burses 2018 WILLFUL FALSE STATEMENTS ON THIS RETURION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this forms 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.

**PRIVACY ACT STATEMENT** 

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-227781	Sep. 21, 2018			

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be accon named in the petition of:	npanled by both a showing of ir (1) the petition; (2) Statement o	nterest (see 6b below) an If Position form (Form N	d a certificate of ser LRB-505); and (3) Des	vice showing service on scription of Representation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to be certified	as representative of the employee	es. The Petitioner alleges	that the following ci	rcumstances exist and
2a. Name of Employer:		2b. Address(es) of Establishme	ent(s) involved (Street and	number, City, State, Z	IIP code):
FIMEY - Rookeville Sou	+1 Coment Plant	10231 CAMENT Plans	+ RA Brooksville	FL 34601	
<i>EMEX - Brooks ville Soc</i> 3a. Employer Representative - Nan	ne and Title:	3b. Address (if same as 2b - st	ate same):	, — <u>0, e, (</u>	
Broth lata - Human	Resources	Same			
Brett Lato - Human 3c. Tel. No.	3d. Cell No.	Same 3e. Fax No.	3f. E-Mail	Address	
352 - 799 - 7881 4a. Type of Establishment <i>(Factory, I</i>	mine, wholesaler, etc.)	4b. Principal Product of	or Service	5a. City and State v	where unit is located:
Mine	, ,	۱ ۸			
5b. Description of Unit Involved:	· 0 1 1: 1 / 0 h	Parton Pom Stinning + R	200 Ma Faciona	6a. Number of Emp	oloyees in Unit:
Mine  5b. Description of Unit Involved: Included: Full time Employees Electricians, Ware house,	IN HORUCTION, LAND	Salary Now- exempt	aying, name,	1	- i
Electricians, ware house,	MAINTENANCE, ILIA;			~/04	1
Excluded: All office clericle	employees, guards, :	supervisorsas defined	by the act	of the employee	I number (30% or more) s in the unit wish to be the Petitioner? Yes No
Check One: 7a. Request for rec	ognition as Bargaining Rep	resentative was made on (Date)	N/A ai	nd Employer declined	
on or about (Date)		no reply received, so state).	andification under the Ast		
8a. Name of Recognized or Certific		ning Representative and desires ne, so state) 8b. Address:	certification under the Act.	- <del></del>	
oa. Name of Recognized of Octune	d Daiganing Agent (if no	ob. Address.			
11/1		A 1 /A			
8c. Tel. No.	Od Call No	8e. Fax No.	8f. E-Mail	Address	
1 -	8d. Cell No.	oe. Fax No.	or. E-Mair	Address 'A	
8g. Affiliation, if any:	N/A	18h Data of Recognition of	or Certification 8i. Expirat	ion Date of Current or	Most
A I / A		al //		ontract, if any (Month, i	
9. Is there now a strike or picketing a	t the Committee of the base	- N// <del>/</del>		N/#	tiningting?
	,	ent(s) involved?	so, approximately how ma		
(Name of Labor Organization)			<del></del>	d the Employer since	
Organizations or individuals other individuals known to have a repre-					her organizations and
NONE	Lani. Add		140- T-1 N	1404.0	II A I -
10a. Name	10b. Address		10c. Tel. N	io. 10d. Ce	III NO.
			10e. Fax N	10 105 5	Aail Address
N/A 11. Election Details: If the NLRB co	$\Lambda I / I$	a	At /.2	101. E-10	/ 1
11 Flection Details: If the NLRB co	nducts and election in this n	natter, state your position with res	pect to any such election:	1 11a. Election Type:	<i>A</i>
		,, p	,	Manual IIM	lail Mixed Manual/Mail
11b. Election Date(s):	11c. Election T	ime(s):	11d. Electi	ion Location(s):	
10/4/18	7 An	1 - 30m	Employess (street and number, cit	ee touch /B	Cak Room
10/4//8 12a. Full Name of Petitioner (includ	ing local name and number	: 12b. Addre	ess (street and number, cit	y, State and ZIP code,	):
- 1 Whine I Boothard	and of Bailer	makers 753	State Ave K	avere City	K5 16101
Tuternational Brotherh 12c. Full name of national or internat	onal labor organization of w	hich Petitioner is an affiliate or co	instituent (if none, so state	1):	
tost untired Brother hos	D of Brilesmake	TE Frai Stip Builders	Blacksmith Force	TE ON A HOLANCE	AFI - C.TO
Enternational Brother hos 12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Ma	il Address	+ 71.7 =
913 - 371 - 2 640 13. Representative of the Petitione					1
	r who will accept service				
13a. Name and Title:		13b. Address (street a	nd number, city, State and	d ZIP code):	
There All a		חרם ביבו	Ann Kar	1.1 11-1	4101
ATEVE MARIT - OF	13d Coll No	130 Fax No	MVC. MANSAS	Lity KS 4	96101
ISC. FEI. NO.	130. CEII NO.	900 - 101 1/6	(/~)   (/~)	1 Add 5 1	
Steve Adair - Organist	163-767-18//	ements are true to the best of n	7 / Sadair nv knowledge and belief	Bhoiles make	15,019
Name (Print)	Signatu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Title		Date ,
Steve Alair	Signatu	tras / lida .	Organi	711	9/20/18
VIVV PIRRI		- Comment	- UIGHNI	<u> </u>	1,00,10

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-228269	9/28/18			

					12-KC.	-22020	フ	<u> 97</u>	28/18
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.									
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be certified	as represent	tative of th	e employees. The Pe	etitioner alleges	that the follo	owing circum	stances e	
2a. Name of Employer: Lee County Electric Coop	perative	2b. Addres 4980 B	ss(es) of l Bayline	Establishment(s) invo Dr N. Ft. Myer	lived <i>(Street and</i> rs, FI 33917	number, City,	State, ZIP co	ode):	
3a. Employer Representative - Nan Kathy Irwin Dir, HR & Fa		3b. Addres	ss (if sam	e as 2b - state same)	:				
3c. Tel. No. 239-656-2147	3d. Cell No. 239-839-4907		e. Fax No 239-99:		3f. E-Mail kathy.ii	win@lce			
4a. Type of Establishment <i>(Factory, I</i> Utility	mine, wholesaler, etc.)		b. Princip Ower	al Product or Service		5a. City and N. Ft. N	d State where Myers, Fl	unit is loca	ated:
5b. Description of Unit Involved: Included: see attached				,		6a. Numbe 8	r of Employee	s in Unit	
Excluded:						of the e	rbstantial num mployees in the nted by the Po	he unit wis	h to be
on or about (Date)	ognition as Bargaining Rep (If rrently recognized as Bargai	no reply rece	eived, so	state).	<del>- ,</del>	nd Employer d	leclined recog	nition	
8a. Name of Recognized or Certifle	ed Bargaining Agent (If not	ne, so state)	8b. Ad	dress:					
8c. Tel. No.	8d. Cell No.	8	e. Fax No		8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:		8h. I	Date of R	ecognition or Certifica			rrent or Most Month, Day,		
9. Is there now a strike or picketing a	t the Employer's establishm	ent(s) involve	ed?	If so, approx	ximately how ma			· —	<del> </del>
(Name of Labor Organization)  10. Organizations or individuals other	r than Petitioner and those r	named in item	ns 8 and	9. which have claimed			er since (Montes and other o	····	
individuals known to have a repre								•	
10a. Name	10b. Address				10c. Tel. N	lo.	10d. Cell No.		
					10e. Fax N	lo.	10f. E-Mail A	ddress	
11. Election Details: If the NLRB co	nducts and election in this n	natter, state	your posit	ion with respect to an	y such election:	11a. Election Manua	_	Mixed	Manual/Mail
11b. Election Date(s): October 22, 2018	11c. Election T 5pm-7pm	ime(s):				on Location(s Tyers Ser	): vice cente	r Conf	123
12a. Full Name of Petitioner (includ International Brotherhood			1933	PO Box 253 P					
12c. Full name of national or internati International Brotherhood				ffiliate or constituent	(if none, so state	):			, , , ,
12d. Tel. No. 727 542-0212	12e. Cell No. 727 542-0212	7	2f. Fax No 727-78	7-1331	, , , , ,	mith@ib	ew.org	-	
13. Representative of the Petitione 13a. Name and Title: Kathy A Smith IBEW Lead		1.	3b. Addre	oses of the represents (street and number 253 Palm Harbo	er, city, State and				
13c. Tel. No. 727 542-0212	13d. Cell No. 727 542-0212	/ 7	3e. Fax N 727 787	7-1,331	1 -	mith@ibe	ew.org		
I declare that I have read the above Name (Print)	e petition and that the stat	ements are	true to th	e/best of my knowle	Title	7 .	^		Date
Kathy A Smith	1	lety.	<u>U/C</u>	much	LBEW	LEAI) (	)RGANI	ver	Pate 9-18-18

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

### **ATTACHMENT**

Include: All regular full time Senior Systems Operators located in the N. Ft Myers Service Center.

Exclude: All clerical, supervisors, management, guards and all others defined by the law.

RECEIVED TAMPA, FLORIDA SEP 2 8 2018

NATIONAL LABOR RELATIONS 2D. REGION 12

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Date Filed

	EIIIIO				-RD-22/231		P 12, 2018
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , 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 <u>not</u> be served on the employer							
	1 NLRB 4812).	The showing of	interest s	hould only be t	iled with the NLRI	3 and should <u>n</u>	ot 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  2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
	McAllister Towing and Transportation Co., Inc., Puerto Rico PO Box 9023923 San Juan, PR 00902-3923						
Branch							
3a. Employer Representative - Name and Title Jaime Santiago	-			ess (If same as 2b - AS ABOVE	- state same)		
3c, Tel, No,	3d. Cell No.		3e. Fax N	No.		3f. E-Mail Addres	s
787-721-8888		Ab Bringing and		4-7687		L En City or	State where only is breated.
4a. Type of Establishment (Factory, mine, wholesal CORDORATION	er, etc.)	4b. Principal produ			transportation	San Jun	nd State where unit is located: a. PR
5b. Description of Unit Involved		Simp dockin	ig, town	ig, and buik	transportation		6a. No. of Employees in Unit:
Included: All un-licensed and maintenance	e nersonnel emr	nloved on all vess	sels owner	onerated or d	hartered by the Em	nlover and its	6
subsidiaries, in Puerto Rico operations.	e personner enn	project on an vest	30.3 041100	, operated, or o	nationed by the Lin	pioyer and its	6b. Do a substantial number (30% or
Excluded: Excluding all other employees,	guards, and supe	ervisors as defined	in the Act				more) of the employees in the unit no longer wish to be represented by the
<b>5</b> .							certified or currently recognized
						ļ	bargaining representative? Yes [ ] No
Check One: 7a. Request for recogn	nition as Barcaining	Representative was	made on /Da	ite)	and Employer decli	ned recognition on	or about (Date)
(If no reply receiv		representative tras	11000011		and Employer decar	ned recognition on	15000
7b. Petitioner is curren		argaining Represente	ative and des		der the Act.		
8b. Name of Recognized or Certified Bargaining Agent  International Organization of Masters, Mates & Pilots, International  8b. Address  700 Maritime Boulevard, Suite B Linthicum Heights,							
Longshoremen's Association, AFL-CIO	ics & Thois, in	CijiatiOilar		Maryland 2		e o chuncum	Heights,
Longino enton 5 : 2500 interior, 1 2 0 20				maryland 2	.1050		
8c. Tel No.	8d Cell No.		8e. Fax I			Bf. E-Mail Addres	
	410-609-3953	3	410-6	09-3957		bterrasa@	bridgedeck.org
8g. Affiliation, if any	•		8h. Date of	Recognition or Cer	tification	8i. Expiration Da any (Month, Day	te of Current or Most Recent Contract, if
ILA-AFL-CIO						any (Monin, Day	, reary
9. Is there now a strike or picketing at the Employer	's establishment(s)	involved? No	If so, ap	proximately how ma	any employees are part	cipating?	(Name of labor organization)
has pick	eted the Employer	since (Month, Day, Y	ear)			<u> </u>	
10. Organizations or individuals other than those na			ed recognitio	n as representative:	s and other organization	s and Individuals k	nown to have a representative interest in
any employees in the unit described in item 5b abo	ve. (II none, so stat	(e)					
10a. Name	10b. Add	ress			10c. Tel. No.		10d. Cell No.
				10e, Fax No.			10f. E-Mail Address
	1				10e. Fax No.		Tot. E-Mail Address
11. Election Details: If the NLRB conducts en ele	ction in this matter,	state your position wi	th respect to	any such	11a. Election Type:	Manual M	ail Mixed Manual/Mail
election, 11b. Election Date(s);	11c. Ele	ection Time(s):			11d. Election Location	n(s):	
12a. Full Name of Petitioner					12b. Address (street	and number, city, s	tate, and ZIP code)
(b) (6), (b) (7)(C)	animation of which I	Ostitioner le se efflict			(b) (6), (b) (7	)(C)	
12c, Full name of national or international labor org	anization of which P	Petitioner is an amiliat	e or constitue	ent (if none, so state	9)		
12d, Tel No.	12e. Cell No.		12f. Fax	No		12g. E-Mail Add	ress
120, 10/10.	(b) (6), (b) (7)(C)		12	210.		(b) (6), (b	) (7)(C)
13. Representative of the Petitioner who will ac	cept service of all p	papers for purposes	of the repr	esentation proceed	ding.	•	
13a. Name and Title			- 13b, Add	dress (street and nu	mber, city, state, and ZI	P code)	
Alcides Reyes-Gilestra					-		2 San Juan, PR 00925
13c. Tel No.	13d. Cell No.		13e. Fax	No.	<del></del>	13f. E-Mail Addr	ess
787-998-0600	787-309-72			763-5215		areyes@a	rglaw.net
I declare that I have read the above petition and	(b) (6) (b	(7)(C)	st of my kno	owledge and belief			
Name ( <i>Prit</i> (b) (6), (b) (7)(C) Sig	nat	/ (1 /(O)	Title (b)	(6), (b) (7)(C)		Date Ø	9-11-1.8

WILLFUL FALSE STATE 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.

FORM NLRB-502 (RD)

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

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed	,			
12-RD-227244	SEP 12, 201	8			

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: 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) McAllister Towing and Transportation Co., Inc., Puerto Rico PO Box 9023923 San Juan, PR 00902-3923 Branch 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Jaime Santiago SAME AS ABOVE 3c. Tel. No 3d Cell No 3f. E-Mail Address 3e. Fax No. 787-721-8888 787724-7687 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: corporation Ship docking, towing, and bulk transportation San Juna, PR 5b. Description of Unit Involved 6a. No. of Employees in Unit Included: All Licensed Personnel employed on all vessels owned, operated, or chartered by the Employer and its subsidiaries, in Puerto 6b. Do a substantial number (30% or Rico operations more) of the employees in the unit no Excluded: Excluding all other employees, guards, and supervisors as defined in the Act. longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ ] No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7h Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent International Organization of Masters, Mates & Pilots, International 700 Maritime Boulevard, Suite B Linthicum Heights, Longshoremen's Association, AFL-CIO Maryland 21090 Bc. Tel No. 8d Cell No 8f. E-Mail Address 410-609-3953 410-609-3957 bterrasa@ bridgedeck.org 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if ILA-AFL-CIO 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 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 10h Address 10c. Tel. No. 10d. Cell 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 11a. Election Type: \_\_\_ Manual \_\_\_ Mail Mixed Manuai/Mail election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) 12a, Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) amational labor organization of which Petitioner is an affiliate or constituent (if none, so state) None 12d, Tel No. 12e. Cell No 12f. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 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 Alcides Reyes-Gilestra 867 Muñoz Rivera Vick Center, Office C-402 San Juan, PR 00925 13d. Cell No. 13f. E-Mail Address 787-998-0600 787-309-7295 787-763-5215 areves@arglaw.net I declare that I have read the above petition are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) <sup>元</sup>(b) (6), (b) (7

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

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 12-RD-227267	Date Filed 9/13/2018			

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

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
460 N Gulph Rd
PA King Of Prussia 19406-2815
3b. Address (If same as 2b – state same) 2a. Name of Employer AmeriGas Propane 3a. Employer Representative - Name and Title 460 N Gulph Rd Kelly Lawler HR Director PA King Of Prussia 19406-2815 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e Fax No. (610) 992-3219 kelly.lawler@amerigas.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Oil & Gas Operations Propane Supplier Key West, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the cer ified or currently recognized bargaining representative? Yes 🔽 No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representa ive and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 12365 W Dixie Hwy Teamsters Local Union No 769 Rolando Pina Officer/Business Representative FL North Miami 33161-5428 8d Cell No. 8e. Fax No. 8f. E-Mail Address (305) 642-6255 rpina@teamsterslocal769.org 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Brotherhood of Teamsters 09/01/2016 08/31/2018 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than 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 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Any Any Any 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)12q. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) 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 13c Tel No 13d Cell No 13e Fax No 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 09/12/2018 10:13:31

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

#### PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE				
	Case 12-RD-227267	Date Filed 9/13/2018		

Employees Included

All full-time and part-time Customer Relations Representatives (CRR) employed by the Employer out of its facilites located in Islamorada, FL and Key West FL

Employees Excluded All Other Employees

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
12=RD-227564	SEP 18, 2018				

INSTRUCTIONS: Unless e-Filed using to located. The petition must be accompa	he Agency's website,	www.nirb.gov, sul	bmit an original of this Peti	tion to an NLRB offic	e in the Region i	in which the employer concerned is	
in the petition of: (1) the petition; (2) Sta interest should only be filed with the Ni	atement of Position fo	rm (Form NLRB-50	05); and (3) Description of (	Representation Case	Procedures (Fo	rm NLRB 4812). The showing of	
PURPOSE OF THIS PETITION: RE recognized bargaining representative	DECERTIFICATION is no longer their rep	N (REMOVAL OF I	REPRESENTATIVE) - A si Petitioner alleges that the	ubstantial number of following circums	tances exist and		
Labor Relations Board proceed un 2a. Name of Employer McAllister Towing and Transportation Co		2b. Ad	Idress(es) of Establishmen ox 9023923 an Juan 00902-3923			State, ZIP code)	
3a. Employer Representative - Name		I PRS	3b. Address (If same as	2b - state same)			
Jaime Santiago General Manager			PO Box 9023923	,			
3c. Tel. No.	3d. Cell No.		PR San Juan 00902-392 3e. Fax No.	3	3f. E-Mail Addr	ess	
(787) 721-8888	(787) 406-9424	ŀ	(787) 724-7687		jsantiago@mca	llistertowing.com	
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	and State where unit is located:	
Transportation			maritime towing servi	ces		San Juan PR	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 f	or additional details	6			L	4	
moradeu.					l	6b. Do a substantial number (30%	
						or more) of the employees in the unit no longer wish to be	
Excluded: See Attached Page 2 f	or additional details	6			- 1	represented by the certified or	
					1	currently recognized bargaining	
9300						representative? Yes / No	
Check One: 7a. Request for			tive was made on (Date) _	an	id Employer decl	ined recognition on or about	
<u> </u>		(If no reply receive	•				
8a. Name of Recognized or Certified		d as Bargaining Re	epresentative and desires				
International Organization of Masters, Ma		EL - CIO Edgardo	8b. Address	700 Maritime Blvd S MD Linthicum Heigh			
8c. Tel No.	8d Cell No.	TE-CIO Edgardo	8e. Fax No.	WID EINTHOUTH FROIGH	8f. E-Mail Addr	ress	
(410) 609-3953			(410) 609-3957		eglesias@bridg		
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent	
ILA - AFL - CIO					Contract, if any	Contract, if any (Month, Day, Year) 04/30/2017	
9. Is there now a strike or picketing at th	ne Employer's establis		? If so, approx		mployees are par	rticipating?	
(Name of labor organization)  10. Organizations or individuals other th	an those named in ite	ms 8 and 9, which	have claimed recognition	as representatives a	nd other organiza	ations and individuals known to	
have a representative interest in any en	nployees in the unit de	escribed in item 5b	above. (If none, so state)				
10a. Name	10b. Ad	dress		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.			r position with respect to	11a. Election Type: Manual Mail Mail Mixed Manual/Mail			
11b. Election Date(s):  11c. Election Time(s):  During business hours			11d. Election Location(s): San Juan Office of Employer				
12a. Full Name of Petitioner(b) (6). (b) (7)(C)				12b. Address (street and number, city, state, and ZIP code)			
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C)							
(b) (6), (b) (7)(C)			1				
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax No.		12g. E-Mail Ad (b) (6), (b) (7		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a Name and Title Alcides A Reves Attorney 13b. Address (street and number, city, state, and ZIP code)							
PO Box 195036 ARG Law Office PR San Juan 00919-5036			36				
13c. Tel No.	13d. Cell No.	.'	13e. Fax No.		13f. E-Mail Address		
(787) 998-0600	(787) 309-7295		(787) 763-5215 areyes@arglaw.net		w.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)	Signature		Title Attorney		Date	40:00:45	
Alcides A Reves	Alcides A. Reyes	,	,		09/18/2018	12.02.40	

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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Attachment

DO NOT WRITE	IN THIS SPACE		
Case	Date Filed		
12-RD-227564	SEP 1 <b>9,</b> 2018		

**Employees Included** 

All Maintenance personnel employed on all vessels owned, operated or chartered by Employer and its subsidiaries, in Puerto Rico operations

**Employees Excluded** 

All other employees, guards and supervisors as defined in the Act.

9. Date of Recognition or Certification

WILLFUL FALSE STATEMEN

11. Is there now a strike or picketing at the Employer's establishment(s) involved? NO

October 4, 2004

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R M PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
12-RM-226916	9-6-18			

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

If so, approximately how many employees are participating? n/a

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner Palmetto Electric, Inc. 1150 West Moody Blvd., Unit 101, Bunnell, Florida 32110 3a. Employer/Petitloner Representative - Name and Title 3b. Address (If same as 2b - state same) Mr. Frank Dudley, President 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c. Tel. No 386-437-3068 386-437-3079 frank@palmettoelectricinc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Electrical building and installation services **Electrical Contractor** 5a. Description of Unit Involved 5b. City and State where unit is inside electrical workers employed by Petitioner Bunnell, Florida 6. No. of Employees in Unit: Excluded: any electrical worker or employee of Petitioner not identified above Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) ✓ The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8a. Recognized or Certified Bargaining Agent - Name 8b. Affiliation, if any I.B.E.W. Local No. 756, Inc. **IBEW** 8c. Address 8d. Tel. No. 8e. Cell No. 386-756-2756 5901 S. Williamson Blvd. Port Orange, Florida 32128 8f. Fax No. 8g. E-Mail Address 386-756-1785 ibew756@msn.com

(Name of labor organization) n/a	ha	s picketed the Employer since (f	nonth, Day, Year) <u>n/a</u>			
12. Organizations or individuals other than demanded recognition as representative above. (If none, so state)						
12a. Name and affiliation if any	12b. Address	12b. Address		<del></del>	12d. Cell No.	
1			n/a	_	n/a	
none	none		12e. Fax No.		12f. E-Mail Address	
HOHE	Inone		n/a		n/a	
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: Manual Mail Mixed Manual/Mail				
13b. Election Date(s):	13c. Election Time(	13c. Election Time(s):		13d. Election Location(s):		
September 26-28, October 2-5, 9-12	8:00-8:30AM; 3:30-	8:00-8:30AM; 3:30-4:00PM		1150 West Moody Blvd., Unit 101, Bunnell, Florida 32110		
14. Representative of the Employer/Pet	itioner who will accept service	e of all papers for purposes of	the representation p	proceeding.		
		nd number, city, state, and ZIP code) na Beach, Florida 32120				
14c. Tel No.	14d. Cell No.	14e. Fax No.		14f. E-Mail Address		
386-492-4880		386-492-6051		mlynn@halifaxl	nlynn@halifaxlawgroup.com	
I declare that I have read the above pet	ition and that the statements a	are true to the best of my know	vledge and belief.			
Name (Print)	Signature	Title	·	Date		
Matthew R. Lynn		Attorney		September 5, 2018		

September 3, 2018

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.

PRIVACY ACT STATEMENT

PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)