

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-226706

Date Filed
SEP 4, 2018

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 <u>Swiza Dairy (Produccion)</u>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <u>PO BOX 323707 SJ, PR 00936 - 3207</u>	
3a. Employer Representative - Name and Title <u>Geisela Gonzalez Ortiz, H.R. Manager</u>		3b. Address (If same as 2b - state same) <u>Same</u>	
3c. Tel. No. <u>787-707-6507</u>	3d. Cell No. <u>787-299-7107</u>	3e. Fax No. <u>707-6456</u>	3f. E-Mail Address <u>ggonzalez@swiza.pr.com</u>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <u>Factory</u>		4b. Principal product or service <u>Dairy Products</u>	
5b. Description of Unit Involved <u>Included: All production and maintenance employees, refrigeration department employees, employees that work in the fridge extension, before known as Swiza Foods Warehouse, included by stipulation signed by both parties on Nov. 1st 2002.</u> <u>Excluded: employees by the company in its facilities located in Rio Piedras, PR.</u>		5a. City and State where unit is located: <u>Rio Piedras, S.S.</u> 6a. No. of Employees in Unit: <u>195</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) _____ 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). <u>Union Insular de Trabajadores Industriales y Construcción (UITEC)</u>		8b. Address <u>Capitol Bldg. Toric Sur Ste. 805 S.S. PR 00918</u>	
8c. Tel. No. <u>720-1650</u>	8d. Cell No. <u>364-4361</u>	8e. Fax No. <u>700-7088</u>	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification <u>Nov. 30, 2018</u>	

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.

11b. Election Date(s): <u>Sept. 26, 2018</u>	11c. Election Time(s): <u>4:00pm-9:00pm 2:00pm-7:00pm</u>	11d. Election Location(s): <u>TQM (Swiza Dairy)</u>
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12a. Full Name of Petitioner (including local name and number) <u>Central General de Trabajadores (CGT)</u>	12b. Address (street and number, city, state, and ZIP code) <u>PO BOX 1922901 S.S. PR. 00919-2901</u>
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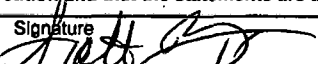
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
NONE

12d. Tel. No. <u>296-4924</u>	12e. Cell No. <u>328-4330</u>	12f. Fax No. <u>296-9072</u>	12g. E-Mail Address <u>estpuerto.rico@gmail.com</u>
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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 <u>Scott F. Barbés Camacho</u>		13b. Address (street and number, city, state, and ZIP code) <u>PO BOX 1922901 S.S. PR 00919-2901</u>	
13c. Tel. No. <u>296-4924</u>	13d. Cell No. <u>328-4330</u>	13e. Fax No. <u>296-9072</u>	13f. E-Mail Address <u>sbarbes@gmail.com</u>

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) <u>Scott F. Barbés</u>	Signature 	Title <u>Representative</u>	Date <u>Sept. 4, 2018.</u>
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-226717	Date Filed SESEP 4, 2018

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 Suiza Dairy (Transporte)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO BOX 323207 SJ, PR 00936-7207	
3a. Employer Representative - Name and Title Crisela Gonzalez Ortiz, HR Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 707-6507	3d. Cell No. 399-7107	3e. Fax No. 707-6456	3f. E-Mail Address ggonzalezsuizapr.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Raw Milk Transport		4b. Principal product or service Transport	
5a. City and State where unit is located: Rio Piedras			5b. 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"/>
6a. Description of Unit Involved Included: All raw milk transport truck drivers employees employed by the employer. Excluded: All other employees, office clerical employees, supervisors, guards			6b. No. of Employees in Unit: 29
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). Unión Insular de Trab. Industriales y Construcción (Unite)		8b. Address Capital Bldg. Torre Sur Ste. 805 SJ PR 00918	
8c. Tel. No. 720-1650	8d. Cell No. 787 364-4341	8e. Fax No. 790-2241	8f. E-Mail Address hreyes.e@unitepr.org hreyes.e@gmail.com
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? <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	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): Sept. 26, 2018	11c. Election Time(s): 4:00 AM - 9:00 AM 2:00 PM - 7:00 PM	11d. Election Location(s): TQM (Suiza Dairy)	
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 1922901 SJ, 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. 2916-4924	12e. Cell No. 328-4330	12f. Fax No. 296-9072	12g. E-Mail Address cgt.puertorico@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. Buea Camero, REP.		13b. Address (street and number, city, state, and ZIP code) PO BOX 1922901 SJ, PR 00919-2901	
13c. Tel. No. 296-4924	13d. Cell No. 328-4330	13e. Fax No. 296-9072	13f. E-Mail Address sbuea@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. Buea	Signature 	Title REP.	Date Sept. 4, 2018

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-226734

Date Filed

SEP 4, 2018

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 Suiza Dairy (New Plastics)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO BOX 323207 SJ, PR 00936-3207	
3a. Employer Representative - Name and Title Gisela Gonzalez Ortiz, H.R. Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 787-703-16507	3d. Cell No. 787-394-7107	3e. Fax No. 707-16454	3f. E-Mail Address ggonzalez@suizapr.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Plastic Containers for Suiza Prod.	5a. City and State where unit is located: Rio Piedras, SJ

5b. Description of Unit Involved
Included: All Production and Maintenance employees, including "warehouse runners", employed by the employer in its facilities located in Rio Piedras, P.R.
Excluded: All clerical and office employees, confidential employees, guards and supervisors.
6a. No. of Employees in Unit: 38
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 Insular de Trabajadores Industriales (UITI) Capital Center Bldg, Torre Sur Ste 805 S.J.P.R.		8b. Address 60915	
8c. Tel. No. 787-720-1650	8d. Cell No. 364-4361	8e. Fax No. 787-200-7088	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification Nov. 30, 2018	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.

11b. Election Date(s): September 26, 2018	11c. Election Time(s): 4:00 AM - 9:00 AM 2:00 PM - 7:00 PM	11d. Election Location(s): T.Q.H. (Suiza Dairy)
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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 192901 SJ, PR 00919-2901
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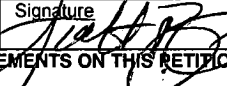
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
NONE

12d. Tel. No. 787-296-4424	12e. Cell No. 328-4330	12f. Fax No. 787-296-9072	12g. E-Mail Address cgtpuertorico@gmail.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 Scott F. Barbes Camarero, Sec. Organization		13b. Address (street and number, city, state, and ZIP code) PO BOX 192901 SJ, P.R. 00919-2901	
13c. Tel. No. 296-4424	13d. Cell No. 328-4330	13e. Fax No. 296-9072	13f. E-Mail Address sbarbes@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. Barbes	Signature 	Title Representative	Date Sept. 4, 2018
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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

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

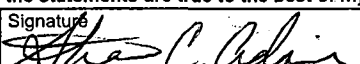
12-RC-227781

Date Filed

Sep. 21, 2018

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: CEMEX - Brooksville South Cement Plant		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10331 Cement Plant Rd. Brooksville FL 34601	
3a. Employer Representative - Name and Title: Brett Lato - Human Resources		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 352-799-7881	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Mine		4b. Principal Product or Service Cement	
5a. City and State where unit is located: Brooksville FL		5b. Description of Unit Involved: Included: Full time Employees in Production, Lab, Control Room, Shipping & Bagging, Frame, Electricians, Warehouse, Maintenance, Yard, Salary Non-exempt Excluded: All office, clerical employees, guards, supervisors as defined by the act	
6a. Number of Employees in Unit: ~104		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) <u>N/A</u> and Employer declined recognition on or about (Date) <u>N/A</u> (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) N/A		8b. Address: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>N/A</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? <u>N/A</u> (Name of Labor Organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u>			
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 N/A		10b. Address N/A	
10c. Tel. No. N/A		10d. Cell No. N/A	
10e. Fax No. N/A		10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 10/4/18		11c. Election Time(s): 7am - 3pm	
11d. Election Location(s): Employee Lunch/Break Room			
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Boilermakers		12b. Address (street and number, city, State and ZIP code): 753 State Ave. Kansas City KS 66101	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, AFL-CIO			
12d. Tel. No. 913-371-2640	12e. Cell No. N/A	12f. Fax No. 888-721-4047	12g. E-Mail Address N/A
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Steve Adair - Organizer		13b. Address (street and number, city, State and ZIP code): 753 State Ave. Kansas City KS 66101	
13c. Tel. No.	13d. Cell No. 765-469-7817	13e. Fax No. 888-721-4047	13f. E-Mail Address sadair@boilermakers.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Steve Adair		Signature 	Title Organizer
		Date 9/20/18	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

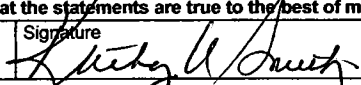
12-RC-228269

Date Filed

9/28/18

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: Lee County Electric Cooperative		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4980 Bayline Dr N. Ft. Myers, FL 33917	
3a. Employer Representative - Name and Title: Kathy Irwin Dir, HR & Facilities Services		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 239-656-2147	3d. Cell No. 239-839-4907	3e. Fax No. 239-995-4894	3f. E-Mail Address kathy.irwin@lcec.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal Product or Service Power	5a. City and State where unit is located: N. Ft. Myers, FL
5b. Description of Unit Involved: Included: see attached Excluded:			6a. Number of Employees in Unit 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): October 22, 2018	11c. Election Time(s): 5pm-7pm	11d. Election Location(s): N. Ft. Myers Service center Conf 123	
12a. Full Name of Petitioner (including local name and number): International Brotherhood Of Electrical Workers LU 1933		12b. Address (street and number, city, State and ZIP code): PO Box 253 Palm Harbor, FL 34682	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood Of Electrical Workers AFL-CIO			
12d. Tel. No. 727 542-0212	12e. Cell No. 727 542-0212	12f. Fax No. 727-787-1331	12g. E-Mail Address kathy_smith@ibew.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kathy A Smith IBEW Lead Organizer		13b. Address (street and number, city, State and ZIP code): PO Box 253 Palm Harbor, FL 34682	
13c. Tel. No. 727 542-0212	13d. Cell No. 727 542-0212	13e. Fax No. 727 787-1331	13f. E-Mail Address kathy_smith@ibew.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Kathy A Smith	Signature 	Title IBEW LEAD ORGANIZER	Date 9/28/18

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.

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 28 2018

**NATIONAL LABOR RELATIONS BD.
REGION 12**

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RD-227231

Date Filed

SEP 12, 2018

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: 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 McAllister Towing and Transportation Co., Inc., Puerto Rico Branch		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO Box 9023923 San Juan, PR 00902-3923	
3a. Employer Representative - Name and Title Jaime Santiago		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 787-721-8888	3d. Cell No.	3e. Fax No. 787724-7687	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) corporation		4b. Principal product or service Ship docking, towing, and bulk transportation	
4c. City and State where unit is located: San Juan, PR		5a. City and State where unit is located: San Juan, PR	
5b. Description of Unit Involved Included: All un-licensed and maintenance personnel employed on all vessels owned, operated, or chartered by the Employer and its subsidiaries, in Puerto Rico operations. Excluded: Excluding all other employees, guards, and supervisors as defined in the Act.		6a. No. of Employees in Unit: 6 6b. 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? 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 International Organization of Masters, Mates & Pilots, International Longshoremen's Association, AFL-CIO		8b. Address 700 Maritime Boulevard, Suite B Linthicum Heights, Maryland 21090	
8c. Tel No.	8d. Cell No. 410-609-3953	8e. Fax No. 410-609-3957	8f. E-Mail Address bterrasa@bridgedeck.org
8g. Affiliation, if any ILA-AFL-CIO		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 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: <u>Manual</u> <u>Mail</u> <u>Mixed Manual/Mail</u>	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
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)	
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)			
12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Aldices Reyes-Gilestra		13b. Address (street and number, city, state, and ZIP code) 867 Muñoz Rivera Vick Center, Office C-402 San Juan, PR 00925	
13c. Tel No. 787-998-0600	13d. Cell No. 787-309-7295	13e. Fax No. 787-763-5215	13f. E-Mail Address areyes@arglaw.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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 09-11-18

WILLFUL FALSE STATEMENTS ARE 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. (b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RD-227244	Date Filed SEP 12, 2018

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: 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 McAllister Towing and Transportation Co., Inc., Puerto Rico Branch		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) PO Box 9023923 San Juan, PR 00902-3923	
3a. Employer Representative - Name and Title Jaime Santiago		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 787-721-8888	3d. Cell No.	3e. Fax No. 787724-7687	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) corporation		4b. Principal product or service Ship docking, towing, and bulk transportation	
4c. City and State where unit is located: San Jua, PR		5a. City and State where unit is located: San Jua, PR	
5b. Description of Unit Involved Included: All Licensed Personnel employed on all vessels owned, operated, or chartered by the Employer and its subsidiaries, in Puerto Rico operations. Excluded: Excluding all other employees, guards, and supervisors as defined in the Act.		6a. No. of Employees in Unit: 6 6b. 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? 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 International Organization of Masters, Mates & Pilots, International Longshoremen's Association, AFL-CIO		8b. Address 700 Maritime Boulevard, Suite B Linthicum Heights, Maryland 21090	
8c. Tel. No.	8d. Cell No. 410-609-3953	8e. Fax No. 410-609-3957	8f. E-Mail Address btterrassa@bridgedeck.org
8g. Affiliation, if any ILA-AFL-CIO		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 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 type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)		12b. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None	
12c. Tel. No.	12d. Cell No. (b) (6), (b) (7)(C)	12e. Fax No.	12f. E-Mail Address (b) (6), (b) (7)(C)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Alcides Reyes-Gilestra		13b. Address (street and number, city, state, and ZIP code) 867 Muñoz Rivera Vick Center, Office C-402 San Juan, PR 00925	
13c. Tel. No. 787-998-0600	13d. Cell No. 787-309-7295	13e. Fax No. 787-763-5215	13f. E-Mail Address areyes@arglaw.net

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

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 9/11/18
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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.

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

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, 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: 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 AmeriGas Propane		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 460 N Gulph Rd PA King Of Prussia 19406-2815	
3a. Employer Representative - Name and Title Kelly Lawler HR Director		3b. Address (If same as 2b - state same) 460 N Gulph Rd PA King Of Prussia 19406-2815	
3c. Tel. No. (610) 992-3219	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kelly.lawler@amerigas.com
4a. Type of Establishment (Factory, mine, wholesaler, etc) Oil & Gas Operations		4b. Principal product or service Propane Supplier	
		5a. City and State where unit is located: Key West, 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: 2 6b. 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

8a. Name of Recognized or Certified Bargaining Agent Teamsters Local Union No 769 Rolando Pina Officer/Business Representative		8b. Address 12365 W Dixie Hwy FL North Miami 33161-5428	
8c. Tel No. (305) 642-6255	8d. Cell No.	8e. Fax No.	8f. E-Mail Address rpina@teamsterslocal769.org
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification 09/01/2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 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? _____
(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		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): Any 11c. Election Time(s): Any				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): 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)	
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)					
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)		

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

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

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 09/12/2018 10:13:31
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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.

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 facilities 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.
12-RD-227564

Date Filed
SEP 18, 2018

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: 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
McAllister Towing and Transportation Co., Inc. - Puerto Rico Branch

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
PO Box 9023923
PR San Juan 00902-3923

3a. Employer Representative - Name and Title
Jaimie Santiago General Manager

3b. Address (If same as 2b - state same)
PO Box 9023923
PR San Juan 00902-3923

3c. Tel. No.
(787) 721-8888

3d. Cell No.
(787) 406-9424

3e. Fax No.
(787) 724-7687

3f. E-Mail Address
jsantiago@mcallistertowing.com

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

4b. Principal product or service
maritime towing services

5a. City and State where unit is located:
San Juan, PR

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
4

6b. 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? Yes ☒ No ☐

Excluded: See Attached Page 2 for additional details

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
International Organization of Masters, Mates & Pilots - ILA - AFL - CIO Edgardo Iglesias S

8b. Address 700 Maritime Blvd Ste B
MD Linthicum Heights 21090-1953

8c. Tel No.
(410) 609-3953

8d. Cell No.

8e. Fax No.
(410) 609-3957

8f. E-Mail Address
eglesias@bridgedeck.org

8g. Affiliation, if any
ILA - AFL - CIO

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
04/30/2017

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 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.

11b. Election Date(s):
Within 30 days

11c. Election Time(s):
During business hours

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

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)

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)

12d. Tel No.
(b) (6), (b) (7)(C)

12e. Cell No.
(b) (6), (b) (7)(C)

12f. Fax No.

12g. E-Mail Address
(b) (6), (b) (7)(C)

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

13a. Name and Title Alcides A Reyes Attorney
ARG Law Office

13b. Address (street and number, city, state, and ZIP code)
PO Box 195036
PR San Juan 00919-5036

13c. Tel No.
(787) 998-0600

13d. Cell No.
(787) 309-7295

13e. Fax No.
(787) 763-5215

13f. E-Mail Address
areyes@arglaw.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)
Alcides A Reyes

Signature
Alcides A. Reyes

Title
Attorney

Date
09/18/2018 12:02:45

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-227564	Date Filed SEP 18, 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

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

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 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.

2a. Name of Employer/Petitioner Palmetto Electric, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1150 West Moody Blvd., Unit 101, Bunnell, Florida 32110	
3a. Employer/Petitioner Representative – Name and Title Mr. Frank Dudley, President		3b. Address (If same as 2b – state same) same	
3c. Tel. No. 386-437-3088	3d. Cell No.	3e. Fax No. 386-437-3079	3f. E-Mail Address frank@palmettoelectricinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electrical Contractor		4b. Principal product or service Electrical building and installation services	
5a. Description of Unit Involved Included: inside electrical workers employed by Petitioner Excluded: any electrical worker or employee of Petitioner not identified above			5b. City and State where unit is located: Bunnell, Florida 6. No. of Employees in Unit: 31

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. ☐ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

7b. ☒ The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Recognized or Certified Bargaining Agent - Name I.B.E.W. Local No. 756, Inc.		8b. Affiliation, if any IBEW	
8c. Address 5901 S. Williamson Blvd. Port Orange, Florida 32128		8d. Tel. No. 386-756-2756	8e. Cell No.
		8f. Fax No. 386-756-1785	8g. E-Mail Address ibew756@msn.com
9. Date of Recognition or Certification October 4, 2004		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) September 3, 2018	

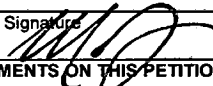
11. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? **n/a**

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

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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)

12a. Name and affiliation if any none		12b. Address none		12c. Tel. No. n/a	12d. Cell No. n/a
				12e. Fax No. n/a	12f. E-Mail Address 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s): September 26-28, October 2-5, 9-12		13c. Election Time(s): 8:00-8:30AM; 3:30-4:00PM		13d. Election Location(s): 1150 West Moody Blvd., Unit 101, Bunnell, Florida 32110	
14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.					
14a. Name and Title Matthew R. Lynn		14b. Address (street and number, city, state, and ZIP code) PO Box 9357, Daytona Beach, Florida 32120			
14c. Tel No. 386-492-4880		14d. Cell No.		14e. Fax No. 386-492-6051	14f. E-Mail Address mlynn@halifaxlawgroup.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) Matthew R. Lynn	Signature 	Title Attorney	Date September 5, 2018
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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.