

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RM-239059

Date Filed

4/4/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by 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:

Rocha Controls

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):5025 W. Rio Vista Ave.
Tampa, FL 33634**3a. Employer/Petitioner Representative - Name and Title:**Raymond Rocha
President - CEO**3b. Address (if same as 2b - state same):**

Same

3c. Tel. No.

813-628-5584

3d. Cell No.

813-267-3235

3e. Fax No.**3f. E-Mail Address**

rrocha@rochacontrols.com

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

Service Provider

4b. Principal Product or Service

Development of sophisticated automatic control and reporting processes

5a. Description of Unit Involved:Included:
Panel Fabricator/Electronic Technician and Field Technician/Electrician

Excluded:

5b. City and State where unit is located:

Tampa, Florida

6. Number of Employees in Unit:

3

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. Name of Recognized or Certified Bargaining Agent - Name**

Florida West Coast Chapter, N.E.C.A.

8b. Affiliation, if any:**8c. Address:**2103 W Cass Street
Tampa, Florida 33606-1233**8d. Tel. No.**

407-426-9050

8e. Cell No.**8f. Fax No.****8g. E-Mail Address**

neca_florida@verizon.net

9. Date of Recognition or Certification

December 1, 2015

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

11/30/2019

11. 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)

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 organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

International Brotherhood of Electrical Workers, Local 915

12a. Name and affiliation if any**12b. Address**5621 Harney Road
Tampa, FL 33610**12c. Tel. No.**

813-621-6451

12d. Cell No.**12e. Fax No.**

813-623-1623

12f. E-Mail Address**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:
Rocha Controls supports having an election in this matter**13a. Election Type:**☒ Manual ☐ Mail ☐ Mixed Manual/Mail**13b. Election Date(s):**

As soon as possible

13c. Election Time(s):

A.M.

13d. Election Location(s):

5025 W. Rio Vista Ave., Tampa, FL 33634

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**14a. Name and Title:**Erin G. Jackson
Johnson Jackson LLC**14b. Address (street and number, city, State and ZIP code):**100 N. Tampa St., Suite 2310
Tampa, Florida 33602**14c. Tel. No.**

813-580-8400

14d. Cell No.**14e. Fax No.**

813-580-8407

14f. E-Mail Address

ejackson@johnsonjackson.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)

Raymond Rocha

Signature**Title**

President-CEO

Date

4/1/2019

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

PRIVACY ACT STATEMENT

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