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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Oate Filed					
12-RC-255599	2/3/2020					

			AND THE PARTY			2-KG-2	22239	9 2/	3/202	.0
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in	must be ac the petition	ccompanied b of: (1) the po	y both a sh etition; (2) S	owing of interest (see 6 tatement of Position for	ib below) and rm (Form NLF	a certificat RB-505); an	e of service showing : d (3) Description of Re	service on epresentation	,
PURPOSE OF THIS PETITION: bargaining by Petitloner and Petit requests that the National Laboratory	lioner desire	s to be cert	ified as repres	entative of th	ne employees. The Petiti	oner alleges t	that the foll	owing circumstances		
2a. Name of Employer: Range Generation Next LLC					Establishment(s) involved ghway A!A, Building					
3a. Employer Representative - Name and Title: 3b. A San Belinda Burke, H.R. Manager San				70 000	ne as 2b - state same):					
3c. Tel. No.	3d. Cell No 321-474			3e. Fax No		3f. E-Mail A Belinda.B	ddress urkey@rg	next.com		
4a. Type of Establishment (Factory,	minė, whole	saler, etc.)		1	al Product or Service			d State where unit is to	cated:	
Aerospace Company			-8-1977-10-10-10-10-10-10-10-10-10-10-10-10-10-	Governn	nent Service Contrac	tor		each,Florida		_
5b. Description of Unit Involved: Included:							TO THE PERSON NAMED IN	er of Employees in Unit:		
The Union is seeking an Armo	ur-Globe I	Election ,	see attachn	nent			11			
Excluded:								ubstantial number (30%		
ALL CLERICAL, SUPERVISO	ORS, MAN	AGEMEN	IT, GUARD	S AND AL	L OTHERS DEFINED	BY THE L		mployees in the unit wi ented by the Petitioner?		No
Check One: 7a. Request for recon or about (Date)			(If no reply r	eceived, so			Employer of	declined recognition		
8a. Name of Recognized or Certifi					Idress:	nder die Mee				-
None				XXX						
8c. Tel. No. XXX	8d. Cell No),	9	8e. Fax No	D.	8f. E-Mail Address XXX				
8g. Affiliation, if any: XXX			8	h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				- 54		
9. Is there now a strike or picketing	at the Emplo	yer's establ	lishment(s) inv	olved? No	If so, approxim	ately how man	y employee	s are participating?		
(Name of Labor Organization)	12211020					, has picketed	the Employ	er since (Month, Day, Y	'ear)	
 Organizations or individuals other individuals known to have a reprint None 								es and other organization	ons and	
10a. Name		10b. Addr	ess			10c. Tel. No	o	10d. Cell No.		
XXX		XXX				10e, Fax No		XXX 10f. E-Mail Address	76.705	_
						XXX	J.	XXX		
11. Election Details: If the NLRB or I request a stipulated election		election in	this matter, sta	te your posi	tion with respect to any s	uch election:	11a, Electio	50 1 <u>2 1</u>	ed Manual/Ma	ail
11b. Election Date(s):		11c. Elect	ion Time(s):		· · · · · · · · · · · · · · · · · · ·	11d. Election	n Location(s			
February 21st 2020		Mid Mor				Cape Ca	naveral Ai	Force Station		
12a. Full Name of Petitioner (inclu Shawn P Beal IBEW LU 208			0.500	12b. Address (street and number, city, State and ZIP code): 2395 N Courtenay Pkwy, Ste 103 Merritt Island, FI 32953						
12c. Full name of national or interna	tional labor	ornanization	n of which Dati	tioner is an						-
International Brotherhood of E				13 011 0	aare o. sonomount (ii i	, 55 5.510)				
12d. Tel. No.	12e. Cell I			12f. Fax N	lo.	12g. E-Mai	Address			_
321 459-1400	321-759	State of the state	90 0_0 _00_00_00	321-459		The state of the s	88@aol.c	om		
13. Representative of the Petition	er who will	accept ser	vice of all par	ers for pur	poses of the representa	tion proceed	ing.			
13a, Name and Title: Shawn P Beal IBEW LU 200	88 Busine	ss Mgr		2395 N	ess (street and number, or Courtenay Pkwy, S Island, FI 32953		ZIP code):			
13c. Tel. No.	13d, Cell I	No.		13e, Fax I		13f. E-Mail	Address	ALCO ME.		
321 459-1400	321-759			321-459		spbeal2088@aol.com				
I declare that I have read the above	ve petition a			are true to t						_
Name (Print)			gnature	. 5.	5 / T	itle			Date 9 U.L	
Shawa P Real		- 11	1	1 . [1011	Business M.	anager		1500	111

ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all full-time and part-time, "System Admin", System Analyst Sr, Principal System Analyst, System Administrator, System Administrator Senior, Senior System Administrator, System Analyst Senior, System Analyst PR employed by the employer at its Cape Canaveral Air Station and Patrick AFB to the existing unit.

These System Admins share a community of interest with the technical and plant clerical employees.

The System Admins' work locations, functions, interactions with technical and plant clerical employees, qualifications, and working conditions.

The Union represents technical and plant employees covered by a collective bargaining agreement with the employer, for the period of September 1, 2018 through August 31, 2021

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 12-RC-255997	Date Filed 2/10/20				

	I.	CFEIIIIC	714			1.	2-KC-	23395	, ,	21	10/20
INSTRUCTIONS: Unless e-File employer concerned is located the employer and all other part Case Procedures (Form NLRB	t. The petition mi ties named in the	ust be accom e petition of: (panied by (1) the pet	both a st	nowing of interes Statement of Posi	t (see 6b ition form	below) and (Form NL	d a certifica RB-505); a	ate of service sho nd (3) Description	owing s n of Re	ervice on presentation
PURPOSE OF THIS PETITIOI bargaining by Petitioner and P requests that the National La	etitioner desires t	o be certified a	as represe	ntative of t	he employees. Th	e Petition	er alleges	that the fo	llowing circumst	ances	
2a. Name of Employer:			2b. Addi	ress(es) of	Establishment(s)	involved (Street and I	number, Cit	y, State, ZIP code):	
Arkema			4800	Hwy 60	EastMulb	erry, F	L 3386	0			
3a. Employer Representative - I	Name and Title:		3b. Addi	ress (if san	ne as 2b - state sa	me):		- 77			
Jason BrannenDirecto	or of Operation	ons	same	-22:		320					
3c. Tel. No.	3d, Cell No.			3e. Fax No		- 1	3f. E-Mail A	7.1		11 - 111	
863-578-1206					5-5389	the second second	JBranne	en(a)Arr	maz.com		
4a. Type of Establishment (Factor	ry, mine, wholesa	ler, etc.)		A SECTION OF THE PARTY OF THE P	al Product or Sen			A CONTRACTOR OF THE PARTY OF TH	nd State where ur	nit is loc	ated:
Chemical Plant				Specia	lity Chemica	l .		Mulber	ry, FL		
5b. Description of Unit Involved	i:					200-0		6a. Numb	er of Employees i	n Unit:	11-32-11-11-11-11-11-11-11-11-11-11-11-11-11
Included: Production, Warehouse,	Pail Side W	Jorkers M	faintan	ance &	Electrical W	orkers		51			
Excluded:	ican side w	OIRCIS, IV	lamich	ance &	Electrical W	OIKCIS.		Sh Do s	substantial numbe	r /200/	or more)
Office & Clerical, Truc	k Drivere I	ah Guard	c and C	mornic	ore se define	d in the	Act	of the	employees in the	unit wis	h to be
Check One: 7a. Request for						d III uit			sented by the Petit declined recognit		× Yes No
on or about (Da				ceived, so		/ K = 000 = 17	an	a Employer	declined recognit	IOI	
☐ 7b. Petitioner is						cation und	er the Act.				
8a. Name of Recognized or Cert	tified Bargaining	Agent (If non	ne, so state	8b. Ad	ddress:					7.00	7711
None						1-4					
8c. Tel. No.	8d. Cell No.			8e. Fax N	0.		8f, E-Mail A	\ddress			11/
li de la companya de					¥				- Washington Co.		
8g. Affiliation, if any:			8h	. Date of R	ecognition or Cert				Current or Most (Month, Day, Ye	ar)	
9. Is there now a strike or picketin	g at the Employer	r's establishme	ent(s) invo	lved? No	If so, ap	proximate	ly how mar	ny employe	es are participatin	a?	1,115,7
(Name of Labor Organization)				210					yer since (Month,	_	earl
10. Organizations or individuals of	ther than Detitions	ar and those n	amed in it	ame 8 and	9 which have clai		- 3			100	55/
individuals known to have a re									ves and other orga	arnzauo	ns and
None	M THAT SHE BANK	CHIPS IN WHI				477770244					
10a. Name	110	0b. Address				- I	10c. Tel. No	0.	10d. Cell No.		- Blevi
	1								100.000110.		
							10e, Fax N	0.	10f, E-Mail Add	ress	
11. Election Details: If the NLRB	conducts and ele	ection in this m	atter, state	e your posi	tion with respect to	o any sucl	election:	11a. Electi	on Type:	-10	
100				A A	920	350	~ -	X Manu	al Mail F	Mixed	d Manual/Mail
11b. Election Date(s): 3	11	1c. Election Ti	me(s):				11d. Election	on Location	(s):	100000	
\$/5/2020 & \$/6/2020		iam-7am		7pm					Building 14		
12a. Full Name of Petitioner (inc					12b. Address (st						
International Chemical UFCW		SECTION AND RESIDENCE OF TAXABLE		ie	P.O. Box 7				Control of the contro		
12c. Full name of national or inter	national labor oro	anization of w	hich Petitie	nner is an	Affiliate or constitu	ent (if non	a sa statal				
United Food & Comme							c, so state,				
12d. Tel. No.	12e. Cell No.	of the second control		12f, Fax N		222	12g. E-Mail	Address			
863-255-6989	863-255-	6989		863-58	3-3327				CWUC. org		
13. Representative of the Petition	oner who will acc	cept service o	of all pape	rs for pur	poses of the repr	esentatio					
13a. Name and Title:				13b. Addre	ess (street and nu	mber, city	State and	ZIP code):			
Tommy SummerlinInter	rnational Rep			P.O. Bo	x 712Mulbe	rry, FL	33860				
13c. Tel. No.	13d. Cell No.	- 10-K-		13e. Fax N	No.	- 1	13f. E-Mail	Address	125000	-	
863-255-6989	863-255-							Summerlin@ICWUC.org			
I declare that I have read the ab	A CANADA	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	ements ar	Hereit and the second	Control of the Contro	owledge a					
Name (Print)		Signatur		1	11	Title		Sanceson			Date
Tommy Summerlin		1 4011	mun/	LARARA	118.	Int	ernation	al Rep			\$/10/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1007)

YAPHET TORRES

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed ,						
12-RC-256207	2/12/2020						

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) 71 CARR. 337 PENUELOS, P.R. 006249804 PETRO TAINO TRANSPORT 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title SAME JESUS 3e Fax No 3f. E-Mail Address 787-836-8812 JELIXSA. DEJESUS a) PETROTAINU COM 787-836-3708 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) PENUELAS, P.R. GASOLINE GASOLINE DISTRIBUTION 5b. Description of Unit Involved 6a. No. of Employees in Unit; Included: TRUCK DRIVERS, MECHANICS, GENERAL HELPER, CLERICALS, MAINTENANCE 26 6b. Do a substantial number (30% or more) of the employees in the Excluded: GUARDE, PUNCHASE OFFICE COGISTIC OFFICER, SAFETY MANAGERS, unit wish to be represented by the Petitioner? Yes X No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/12/2020 and Employer declined recognition on or about Check One: NO REPLY ACTUADAte) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification 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. ("f none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 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 any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) UNITED STEET WORKERS 40044 6135 P. O BOX 6828 BAYAMIN P.R. 00960-5528 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state STEEL WORKERS UNITED AFL-CIO-CLC 12f. Fax No. 12g. E-Mail Address 12d, Tel No. 12e. Cell No. 787-740-4140 787-780-0885 787-637-9323 ytorres@usw 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, stale, and ZIP code) 13a. Name and Title YAPUET TORRES - STAFF REP. P.O BOX 6825 BAYAMON 13f. E-Mail Address 13d Cell No. 13e. Fax No. 787-780-0885 787-740-4140 747-637-9327 utorres 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

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

STAFE REP-USW

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
12-RC-2	56465 Feb. 18, 2020						

2/14/20

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 491 North State Road7, Plantation, Florida, 33317 Coast to Coast Legal Aid of South Florida 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Same as 2b Patrice Paldino, Executive Director 3f. E-Mail Address 3c, Tel, No. 3d. Cell No. 3e. Fax No. patricepaldino@legalaid.org 954-736-2482 954-736-2458 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Plantation, Florida Legal Services Public Interest Law Firm 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 1/13/20_ Check One: No reply received (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8f. E-Mail Address 8e. Fax No. 8c. Tel No. 8d Cell No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10d. Cell No. 10c. Tel. No. 10b. Address 10f. E-Mail Address 10e Fax No 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 any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 491 North State Road 7, Plantation, Florida 33317 2/21/20 12:00 p.m. to 2:00 p.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 5102 Carmona Lane, Pearland, Texas 7758 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NOLSW/UAW Local 2320 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d. Tel No. raheast2320@gmail.com 346-307-1526 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 Rachel A. Thomas, Regional Organizer 5102 Carmona Lane, Pearland, Texas 77584 13f. E-Mail Address 13e. Fax No. 13d. Cell No. 13c. Tel No. raheast2320@gmail.com 346-3071526 tatements are true to the best of my knowledge and belief. I declare that I have read the above petition and that the Title Date Name (Print)

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

12-RC-256465

Feb. 18, 2020

5b. Description of Unit Involved

Included: attorneys, paralegals, date entry clerk, and intake specialist.

Excluded: supervising attorneys, program administrators, and all other supervisors as defined by the National Labor Relations Board.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 12-RC-256494

Date Filed 2/18/2020

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

With the NLKB and Should not be	served on the	employer or al	ny other party.					
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	ERTIFICATION O desires to be certif	F REPRESENTAT	TIVE - A substantial number tive of the employees. The	Petitioner alleges tha	t the follow	ing circumstances exist and		
2a. Name of Employer Moran Environmental Recove		2b. A	ddress(es) of Establishmer NW 16th St, Pom	nt(s) involved (Street an	d number, d			
3a. Employer Representative – Name a Kurt Roberts - Office Manager	nd Title		3b. Address (If same a 2840 NW 16th St	s 2b – state same)		069		
3c. Tel. No. 754-703-3600	3d. Cell No.	175 T	3e. Fax No.	A CONTRACTOR OF THE PARTY OF TH	3f. E-Mail A			
4a. Type of Establishment (Factory, mine, Construction	wholesaler, etc.)	4b. Principal pri	oduct or service	7,-5	200000000000000000000000000000000000000	ty and State where unit is located: Dano Beach FL		
5b. Description of Unit Involved	ime Hydrovac C	perators, Indust	trial Cleaning Operators	, Field Technicians,		6a. No. of Employees in Unit: 25		
Mechanics, Welders, Heat Excluded: All Other Employees, F						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No		
7b. Petitioner is	(Date) currently recognize	(If no reply receive ed as Bargaining F	ed, so state). Representative and desires			eclined recognition on or about		
8a. Name of Recognized or Certified Ba	argaining Agent (If none, so state).	8b, Address					
8c. Tel No.	8d Cell No.		8e. Fax No.	The Market State of the Control of t	8f. E-Mail Address			
8g. Affiliation, if any			8h. Date of Recognition of		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or individuals other than known to have a representative interest in	Petitioner and the	, has pic	eketed the Employer since (s 8 and 9, which have claim	(Month, Day, Year)		THE PART OF STREET		
10a. Name	10b. Ad	idress		10c. Tel. No.		10d. Cell No.		
	1417			10e. Fax No.	The same	10f. E-Mail Address		
11. Election Details: If the NLRB conduction any such election.	cts an election in th	nis matter, state yo	ur position with respect to	11a. Election Type:	✓ Manua	Mail Mixed Manual/Mail		
11b. Election Date(s): 3/11/2020		election Time(s): m - 7:00 am		11d. Election Location 2840 NW 16th St,	ection Location(s): W 16th St, Pompano Beach FL 33069			
12a. Full Name of Petitioner (including International Union of Operating I	Engineers Loca	al 487		1425 NW 36th St.		er, city, state, and ZIP code) 33412		
12c. Full name of national or international International Union of Operating Engi		of which Petitione	er is an affiliate or constituer	nt (if none, so state)				
12d. Tel No. 202-429-9100	12e. Cell No.		12f. Fax No.		12g. E-Mail	Address		
13. Representative of the Petitioner wh 13a. Name and Title Mark Schaunan			for purposes of the repres 13b. Address (street and 1425 NW 36th St. Miami, FI	nd number, city, state, a)		
13c. Tel No. 305-634-3419	13d. Cell No. 305-608-5444		13e. Fax No. 305-633-0698		13f. E-Mail Address mark@iuoe487.org			
I declare that I have read the above pet	ition and that the	statements are tr	rue to the best of my know	wledge and belief.	16			
Name (Print) Mark Schaunanman	Signature /	/	Title Business Manager		Date 2/18/202	20		

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE					
Case		Date Filed			
	12-RC-256494	2/18/2020			

Employees Included

All full & regular part time Hydrovac Operators, Industrial Cleaning Operators, Field Technicians, Mechanics, Welders, Heavy Equipment Operators, & yard workers at Pompano Beach FL location.

Employees Excluded

All other employees, professional employees, supervisors, guards as define in the Act.

Kevin Brokt

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 12-RC-256556

DO NOT WRITE IN THIS SPACE

Date Filed 2/18/2020

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) Gannet Co., Inc. dba The Palm Beach Post & Palm Beach Daily News 2751 S. Dixie Highway, West Palm Beach, FL 33405 and 400 Royal Palm Way, Suite 100, Palm Beach, FL 33480 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Nick Moschella - Executive Editor 2751 S. Dixie Highway, West Palm Beach, FL 33405 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address nmoschella@pbpost.com (561) 820-4441 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service **News Publication** Newsroom Palm Beach County, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time editorial employees of the Employer. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including managers, guards, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 02/18/2020 and Employer declined recognition on or about Check One: 02/18/2020 (Date) (If no reply received, so state). No reply recieved 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 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 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Thursday, March 5, 2020 11am-1pm + 3pm-5pm 3rd Floor Conference Room in The Palm Beach Post Office 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 501 3rd St., NW #6, Washington D.C. 20001 The NewsGuild - CWA 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) The NewsGuild, Communication Workers of America, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (202) 434-7117 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Kevin Brokt - Campaign Lead 13b. Address (street and number, city, state, and ZIP code) 925 West Huron St., #526, Chicago, IL 60642 13d. Cell No. 13e. Fax No. 13c Tel No 13f. E-Mail Address (301) 335-5754 Kbrokt@cwa-union.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) Signature Date

Campaign Lead 02/18/2020

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

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. 12-RC-256815	Date Filed 1/2020

KC PETITION						1 3	12-10-	. 20001	5	-1	21/2020
INSTRUCTIONS: Unless e-Filed of employer concerned is located. It the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	must be accom the petition of: (panied by (1) the per	both a stition; (2)	howing of interest (Statement of Positi	(see 61 on for	b below) an m (Form NL	d a certificat RB-505); an	e of service sho d (3) Description	wing s n of Re	ervice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desire	es to be certified a	as represe	ntative of t	he employees. The	Petitio	ner alleges	that the foll	owing circumst	ances	
					Establishment(s) in Dale Mabry High):	7
3a. Employer Representative - Name and Title: Rebecca Witherow/ Manager of HR Infrastructure and Employee Relations			17-15	ress (if sar As abov	ne as 2b - state sam /e	ne):			-		-
3c. Tel. No. (813) 739-1371	3d. Cell N	0.		3e. Fax N	0.		3f. E-Mail A RWitherd		ole-electric.co	m	
4a. Type of Establishment (Factory, Electric COOP	mine, whole	esaler, etc.)		4b. Princip Electrici	oal Product or Service ty	ce		5a. City an Tampa	d State where un	it is loc	ated:
5b. Description of Unit Involved:		~ ***				-		6a. Numbe	r of Employees in	n Unit:	
Included: See attachment								10			
Excluded: Supervisors, Managers, C	Clerical,	Guards and a	all othe	r as def	ined by the A	CT		of the e	ibstantial numbe mployees in the inted by the Petit	unit wis	h to be
Check One: 7a. Request for re on or about (Date)	FEB 2	,2020 (If n	to reply re	ceived, so	state).	-			ledined recogniti		
8a. Name of Recognized or Certifi						tion an	der the Act				
8c. Tel. No.	8d. Cell N	0.		8e. Fax N	0.		8f. E-Mail A	ddress			
8g. Affiliation, if any:			8h.	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 a	at the Emplo	yer's establishme	nt(s) invol	ved? No	If so, appr				are participating		
(Name of Labor Organization)		E					has picketed	the Employ	er since (Month, I	Day, Ye	ear)
 Organizations or individuals other individuals known to have a representation. 									s and other orga	inizatio	ns and
10a. Name		10b. Address					10c, Tel. N	0.	10d. Cell No.		
							10e. Fax N	o.	10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co	inducts and	election in this ma	atter, state	your posi	tion with respect to a	any suc	ch election:	11a. Election		Mixed	i Manual/Mail
11b. Election Date(s): March 10th, 2020		11c. Election Tin 730pm-830						on Location(s			
12a. Full Name of Petitioner (include International Brotherhood of		me and number):		108	12b. Address (street 10108 Highwa		number, city	, State and 2	IP code):		
12c. Full name of national or internat International Brotherhood	of Elec	trical Worke	rs AFI	L-CIO	iffiliate or constituen	it (if noi	ne, so state)				
12d. Tel, No. 12e, Cell No. (813) 621-2418 (813) 777-2060				12f. Fax N (813) 62			12g. E-Mail Cparsels	Address @ibew108	org		
13. Representative of the Petitions	r who will	accept service of					The second second				
13a. Name and Title: Doug Bowden / Business M	anager				ess (street and numb lighway 92 East						
13c. Tel. No. (813) 621-2418	13d. Cell N (813) 48			13e. Fax No. (813) 621-1687			13f. E-Mail Address dbowden@ibew108.org				
declare that I have read the above						rledge				-	
Name (Print)		Signature		D	1.	Title					Date
Down Kows	SEN		MAG	2	with	13	KINGE	5 Men	Not		2-21-20

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

Seminole Electric Unit:

Attachment

Include: All Full time System Coordinators to include Associate System Coordinator, System Coordinator I and System Coordinator II.

Name (Print)

Thomas J. Lamadrid

Signature

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE									
Case No.	12-RC-256899	Date Filed	Feb. 24, 2020						

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) Gannet Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press) See Attached Rider 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Cindy McCurry-Ross - Florida Editor 4415 Metro Parkway, Suite 100 and 300, Fort Myers, FL 33916 3c Tel No 3f. E-Mail Address (239) 335-0280 cmcross@gannett.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Fort Myers and Naples, FL Newsroom News Publications 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time newsroom employees of the Employer. 6b. Do a substantial number (30% or more) of the employees in the All other employees, including managers, guards, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/24/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply recieved 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). 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Monday, March 9, 2020 9-11am and 4-6pm Fort Myers News-Press Break Room and Naples Daily News Break Room 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 501 3rd St. NW, 6th Floor, Washington D.C. 20001 The NewsGuild - CWA 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communication Workers of America 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (202) 434-7117 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Thomas J. Lamadrid, Attorney for Petitioner 13b. Address (street and number, city, state, and ZIP code) Eisner & Dictor, P.C., 39 Broadway, Suite 1540, New York, NY 10006 13d. Cell No. 13e. Fax No. 13f E-Mail Address 13c. Tel No. (212) 473-8700 (305) 979-7129 (212) 473-8705 thomas@eisnerdictor.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

02/24/2020

PRIVACY ACT STATEMENT

Attorney for Petitioner

RIDER to RC PETITION

- 2a. Name of Employer Gannet Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press)
- 2b. Addresses of Establishments Involved Fort Myers News-Press, 4415 Metro Parkway, Suites 100 and 300, Fort Myers, FL 33916; and Naples Daily News, 1100 Immokalee Road, Naples, FL 34110

Michael Melick

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	12-RC-256905	Date Filed	2-25-20				

2/25/2020

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) Orlando Sentinel Communications Company, LLC d/b/a Orlando Sentinel 633 N. Orange Ave. Orlando, FL 32801 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Julie Anderson, Editor-in-Chief Same 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 954-425-1685 janderson@sunsentinel.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Orlando, FL Print and digital news **News Organization** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time newsroom employees employed by the Employer 6b. Do a substantial number (30% or more) of the employees in the All other employees, including all managers, guards, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/25/20 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 None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c, Tel. No. 10d. Cell No. 10a. Name 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 Mail / Mixed Manual/Mail 11a. Election Type: Manual any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Employer's break room March 10, 2020 9-11am and 6-8pm 12a. Full Name of Petitloner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) The NewsGuild-CWA 501 Third St., N.W., 6th Floor, Washington, D.C. 20001 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America 12g. E-Mail Address 12d Tel No 12e Cell No. 12f Fax No. sbasile@cwa-union.org (202) 434-7177 201-787-6035 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Michael Melick, attorney 13b. Address (street and number, city, state, and ZIP code) 1025 Connecticut Ave., Suite 1000, Washington, D.C. 20036 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (202) 293-9222 (443) 682-3867 mmelick@barrcamens.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 Signature Date

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

Attorney

/s/ Michael Melick

PRIVACY ACT STATEMENT

International Union of Operating Engineers

12d. Tel No. 202.429.9100

13c. Tel No.

305.634.3419

Name (Pant)

12e. Cell No.

13d. Cell No.

305.608.5444

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

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

13a. Name and Title Mark Schaunaman - Business Manager 13b. Address (street and number, city, state, and ZIP code)

DO NOT WRITE IN THIS SPACE							
Case No	Dale Filed	•	1.00				
12-RC-257137	2/28/	202	20				

12g. E-Mail Address

13f. E-Mail Address

mark@iuoe487.org

Date

UNITED STATES GOVERNMENT			DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD Case No					Red		
RC PE				257137		2/28/2020	
instructions: Unless e-Filed us in which the employer concerned if of service showing service on the (Form NLRB-505); and (3) Descript with the NLRB and should not be service of this PETITION: RC-CE bargaining by Petitioner and Petitioner direquests that the National Labor Relations in	ing the Agency is located. The employer and a ion of Represe erved on the e RTIFICATION OF asses to be certific	petition must all other parties intation Case P employer or an REPRESENTATI das representatives eed under its pro-	be accompanied by be accompanied by be accompanied by be named in the petition procedures (Form NLF y other party. VE - A substantial number to of the employees. The Form NLF was a substantial number to of the employees.	n original of this oth a showing on of: (1) the peti RB 4812). The solution of employees wish to relitioner alleges to section 9 of the N	Petition to a finterest (se tion; (2) State howing of Inte be represented that the following ational Labor R	n NLRB office in the Region e 6b below) and a certificate ement of Position form erest should only be filed if or purposes of collective g circumstances exist and elations Act.	
Za. Name of Employer Moran Environmental Recovery;	Aerotek					Dr #500. Fon Lauderdale, FL 33334	
3a. Employer Representative - Name and			3b. Address (If same as				
Kirk Roberts, Business Manager		s			9: '000 Corpora	ale Or #500, Fort Lauderdale, FL 33334	
3c. Tel. No.	3d. Cel No.		3e, Fax No.	•	31. E-Mail Add		
754.703.7606 ;		: 954.717.3516			kroberts@N	MoranEnvironmental.com;	
4a. Type of Establishment (Factory, mine,	vholesaler, etc.)	4b. Principal prod	duct or service			and State where unit is located:	
Construction		Hydrovac Cor	nstruction	,	Pompa	no Beach, FL	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
=	erical employees ecognition as Barg (Date) (Urrently recognize gaining Agent (H	aining Representa	nployees, guards and sup ative was made on (Date) d so state). epresentative and desires of 8b. Address		nd Employer dec	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
8c. Tel No.	8d Cell No.		8e. Fax No.	3	81. E-Mail Add	ress	
8g Affiliation, if any			8h Date of Recognition or	or Certification 8i Expiration Date of Current or Most Recent Contract, fl any (Month, Day, Year)			
9 Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? If so, approx	imately how many e	mployees are pa	articipating?	
(Name of labor organization)			keted the Employer since (/	Month, Day, Year)			
Organizations or individuals other than known to have a representative interest in	Pelilioner and tho any employees 'n	se named in items	8 and 9, which have claim	ed recognition as re	presentatives an	d other organizations and individuals	
10a. Name 10b. Address		dress		10c. Tel. No 10e. Fax No.		10d Celi No.	
			G.			10f E-Mail Address	
11. Election Details: If the NLRB conduction			ur position with respect to	11a. Election Typ		Mail Mixed Manual/Ma1	
11b. Election Date(s):		lection Time(s):	11d. Election Localion(s):		nom 1420 MW 16th Simo Bonnan Book Stand		
Merch 19, 2020 6:00 a.m. to 7:00 a.m. 12a. Full Name of Petitioner (Including local name and number) International Union of Operating Engineers, Local 487		The Employer's facility Second Floor Training Room 2480 NW 16th Stroot. Pomoano Beach Flood: 12b. Address (street and number city state, and ZIP code) 1425 NW 36th ST Miami, FL. 33412					
12c. Full name of national or international	abor organization	of which Petitioner	r is an affiliate or constituen				

Business Manager 2/28/2020 Mark Schaunaman WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

121. Fax No.

13e. Fax No.

305.633.0698

1425 NW 38th ST Miaml. FL: 33412

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
12-RD-255760	FEB 5, 2020				

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 employer and all other parties Case Procedures (Form NLRB 48	s named in the	petition of:(1) the petition; (2)	Statement of Po	sition form	(Form NLRB-505);	and (3) Descripti	on of Representation	
PURPOSE OF THIS PETITION: F recognized bargaining representat Labor Relations Board proceed	ive is no longer	their representative. The Petitic	oner alleges that	the following	ng circumstances e			
2a. Name of Employer 2b. Addre) of Establishmen	t(s) involved	(Street and number,	city, state, ZIP co	ode)	
Longo En-Tech Puerto Rico, LLC 100 Ca		100 Carrete	era 165 Suite (808				
3a. Employer Representative - Nam	e and Title		same as 2b - stat					
			PR 00968-80					
	Fax No.		3e. Cell No. 3f. E-Mail Address					
787-780-0885 787-637-9323			23	boiro@coqui.net 4b. Principal product or service				
4a. Type of Establishment (Factory, mine, wholesaler, etc.) company				manufacture, repair and construction of sanitary pipeline				
5a. Description of Unit Involved				2220220			nd State where unit	
Included:						is loca		
All regular full-time and part Excluded:	-time produc	ction and maintenance en	mployees emp	loyed by	Respondent PR	Cataño,	Puerto Rico	
All other employees, manage	ers and super	visors as defined in the	Act					
6. No. of Employees in Unit	7. Do a sub	stantial number (30% or more)	of the employees	in the unit n	o longer wish to be re	epresented by the	certified or currently	
		ed bargaining representative?	× Yes No	8	Oh Assilation Man			
8a. Name of Recognized or Certified I				8b. Affiliation, if any				
United Steelworkers, Local 6	08/1, AFL-C	IO, CLC	8d. Tel. No.	AFL-CIO, CLC				
8c. Address PO Box 6828 Bayamon, PR	00060-5828		787-780-	0885	8e. Cell No. 787-637-9323			
1 0 Box 0020 Bayamon, 1 K	00700-3020		8f. Fax No.	0003	8g. E-Mail Address			
					ytorres@usw.o			
9. Date of Recognition or Certification		10. Expiration D	Date of Current or	current or Most Recent Contract, if any (A		lonth, Day, Year)		
*		October 16,	, 2017					
11a. Is there now a strike or picketing	at the Employer	's establishment(s) involved?	Yes X No	11b. If so.	approximately how r	nany employees	are participating?	
11c. The Employer has been picketed							a labor organization, of	
(Insert Address)					sino	ce (Month, Day, Y	'ear)	
12. Organizations or individuals other	those named in	items 8 and 11c, which have cl	aimed recognition	as represer	tatives and other org	janizations	= 3 W	
and individuals known to have a re 12a. Name	12b. Address		unit described in it	m 5 above.		12d. Fax No.		
12a. Harrio	TEO. Address			120. 101.1		TEG. 1 DA 110.		
				12e. Cell I	No.	12f. E-Mail Addr	988	
				120. 0011		121. E-Wall Floor	000	
13. Election Details: If the NLRB commetter state your position with res	nducts an election	on in this		13a. Election Type: X Manual		Mail [Mixed Manual/Mail	
matter, state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s)			13d. Election Location(s)					
14. Full Name of Petitioner (b) (6), (b) (7)(C)								
14a. Address (Street and number, city	state ZIP code	9)		14b. Tel. No. 14c. Fax No.			-	
(b) (6), (b) (7)(C)								
				14d. Cell I	No.	14e, E-Mail Add	ress	
				(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	
14f. Affiliation, if any	F 14							
15. Representative of the Petitioner	who will accep	ot service of all papers for pur	rposes of the rep		proceeding.			
15a. Name				15b.Title				
15c. Address (Street and number, city	, state, ZIP code))		15d. Tel. N	No.	15e. Fax No.		
			15f. Cell No.		15g. E-Mail Address			
				TOI, CEILIN		10g. L-Iviali Add	1000	
I declare that I have read the above	petition and th	at the statements are true to	the best of my kr	owledge at	nd belief.	100	- y-	
i declare that I have read the above Name (Print)	Sign	atu(b) (6), (b) (7)(C)		Title			Date Filed	
(b) (6), (b) (7)(C)				An Indiv	vidual		1/27/20	
WILLFUL FALSE STAT	EMENTS ON T	HIS	Al	ID IMPRISC	NMENT (U.S. CODE	E, TITLE 18, SEC		