

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

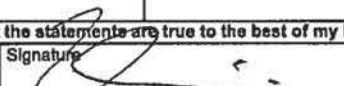
Date Filed

12-RC-257326

March 2, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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: HSMHost - Orlando International Airport		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 1 Jeff Fuqua Blvd., Orlando, FL 32827	
3a. Employer Representative - Name and Title: Darryl L. Franklin - Associate General Couns		3b. Address (if same as 2b - state same): 6905 Rockledge Dr., Bethesda, MD 20817	
3c. Tel. No. (240) 274-4304	3d. Cell No.	3e. Fax No.	3f. E-Mail Address darryl.franklin@hmshost.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food and Beverage Services		4b. Principal Product or Service Food and Beverage Services	
5a. City and State where unit is located: Orlando, FL		5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A	
6a. Number of Employees in Unit: 750		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about (Date) no reply (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) None		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? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): March 27, 2020		11c. Election Time(s): 2 a.m. - 11 p.m.	
11d. Election Location(s): Hyatt - Orlando International Airport			
12a. Full Name of Petitioner (including local name and number): UNITE HERE, Local 362		12b. Address (street and number, city, State and ZIP code): 1255 La Quinta Dr. #212, Orlando, FL 32809	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE HERE International Union			
12d. Tel. No. (407) 851-0626	12e. Cell No.	12f. Fax No.	12g. E-Mail Address eclinton@unitehere.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Richard Siwica - Attorney		13b. Address (street and number, city, State and ZIP code): PO Box 2231, Orlando, FL 32802	
13c. Tel. No. (407) 422-1400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address rsiwica@eganlev.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) Richard Siwica		Signature 	
Title Attorney		Date 3/2/20	

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 (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 A**

### **5b. Description of Unit Involved**

**Included:** All regular full time and regular part time employees employed by HMSHost at the Orlando International Airport including but not limited to the following classifications: barista, bartender, busser, cashier, cook, crew, dishwasher, host, lead employee (aka supervisor), maintenance employee, production employee, runner, runner/driver, server, server/ bartender, and utility employee.

**Excluded:** All office clerical employees, professional employees, guards, managers and supervisors as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

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Case No.

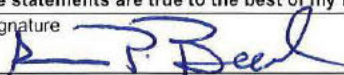
12-RC-257536

Date Filed

3/6/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

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<b>2a. Name of Employer:</b> Range Generation Next (RGNXT)		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1030 South Highway A1A, Building 989, Patrick AFB, Florida 32925	
<b>3a. Employer Representative - Name and Title:</b> Belinda Burke, H.R. Manager		<b>3b. Address (if same as 2b - state same):</b> SAME	
<b>3c. Tel. No.</b> XXX	<b>3d. Cell No.</b> 321-474-3111	<b>3e. Fax No.</b> XXX	<b>3f. E-Mail Address</b> Belinda.Burke@rgnxt.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Aerospace Company		<b>4b. Principal Product or Service</b> Government Service Contractor	<b>5a. City and State where unit is located:</b> Cocoa Beach, Florida
<b>5b. Description of Unit Involved:</b> <b>Included:</b> The Union is seeking an Amour- Globe election, see attachment RGNXT Logistics. <b>Excluded:</b> All Clerical, Supervisors, Management, Guards and all others as defined by the Law.			<b>6a. Number of Employees in Unit:</b> 7 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/05/20 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b> XXX	
<b>8c. Tel. No.</b> XXX	<b>8d. Cell No.</b> XXX	<b>8e. Fax No.</b> XXX	<b>8f. E-Mail Address</b> XXX@example.com
<b>8g. Affiliation, if any:</b> XXX		<b>8h. Date of Recognition or Certification</b> XXX	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> XXX
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) XXX, has picketed the Employer since (Month, Day, Year) XXX			
<b>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)</b> None			
<b>10a. Name</b> XXX		<b>10b. Address</b> XXX	<b>10c. Tel. No.</b> XXX <b>10e. Fax No.</b> XXX
			<b>10d. Cell No.</b> XXX <b>10f. E-Mail Address</b> XXX@example.com
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: I request a stipulated election			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> March 24, 2020		<b>11c. Election Time(s):</b> 10am-11am	<b>11d. Election Location(s):</b> Patrick Air Force Base
<b>12a. Full Name of Petitioner (including local name and number):</b> Shawn P. Beal, IBEW LU 2088, Business Manager		<b>12b. Address (street and number, city, State and ZIP code):</b> 2395 N Courtenay Parkway, Ste 103, Merritt Island, Florida 32953	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Electrical Workers, AFL-CIO			
<b>12d. Tel. No.</b> 321-459-1400	<b>12e. Cell No.</b> 321-759-0754	<b>12f. Fax No.</b> 321-459-1190	<b>12g. E-Mail Address</b> spbeal2088@aol.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Shawn P. Beal, IBEW LU 2088, Business Manager		<b>13b. Address (street and number, city, State and ZIP code):</b>	
<b>13c. Tel. No.</b> 321-459-1400	<b>13d. Cell No.</b> 321-759-0754	<b>13e. Fax No.</b> 321-459-1190	<b>13f. E-Mail Address</b> spbeal2088@aol.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Shawn P. Beal	<b>Signature</b> 	<b>Title</b> Business Manager	<b>Date</b> 03/06/2020

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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## RGNXT LOGISTICS ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all full-time and part-time, Logistic Technicians, employed by the employer at its Patrick AFB and Cape Canaveral Air Station to the existing unit.

These Logistic Technicians share a community of interest with the Mainland Tech employees.

The Logistic Technician's work locations and functions, have interactions with the Mainland Tech employees, qualifications, and working conditions.

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

**12-RC-257813**

Date Filed

**3/10/2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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**

Cemex, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

1425 Wiggins Pass Rd.  
FL Naples 34110-

**3a. Employer Representative - Name and Title**

Charles O'Reilly

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

1425 Wiggins Pass Rd.  
FL Naples 34110-

**3c. Tel. No.**

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

Construction - Raw Materials

**4b. Principal product or service**

Concrete Manufacturing and Delivery

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

Naples, 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:**

37

**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).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

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

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

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

**11b. Election Date(s):**  
ASAP

**11c. Election Time(s):**  
6:00 am to 10:00 am

**11d. Election Location(s):**  
Break rooms at the Prospect, Wiggins Pass, and East Naples plants

**12a. Full Name of Petitioner (including local name and number)**

John Sholtes  
Teamsters Local 79

**12b. Address (street and number, city, state, and ZIP code)**

5818 E. MLK Jr Blvd.  
FL Tampa 33619-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Brotherhood of Teamsters

**12d. Tel No.**  
(813) 621-1391

**12e. Cell No.**

**12f. Fax No.**  
(813) 626-7915

**12g. E-Mail Address**  
jsholtes@teamsters79.com

**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)**

John Sholtes

**Signature**

JOHN SHOLTES

**Title**

Trustee/Business Agent

**Date**

03/9/2020 13:29:22

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

**PRIVACY ACT STATEMENT**

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Attachment

Employees Included  
All full-time and part-time drivers

Employees Excluded  
All other employees

DO NOT WRITE IN THIS SPACE	
Case <b>12-RC-257813</b>	Date Filed <b>3/10/2020</b>



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-257857</b>	Date Filed <b>3/11/2020</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Morrison Healthcare		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3360 Burns Rd, Palm Beach Gardens, FL 33410	
<b>3a. Employer Representative - Name and Title</b> David Vinson, Director Labor Relations		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> 757-371-4035	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> David.Vinson@compass-usa.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal product or service</b> Food Service	<b>5a. City and State where unit is located:</b> Palm Beach Gardens
<b>5b. Description of Unit Involved</b> Included: Dietary aids, cashier, retail caterers  Excluded: cooks			<b>6a. No. of Employees in Unit:</b> 25  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

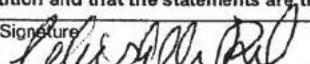
**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 2/11/2020 and Employer declined recognition on or about (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? No</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 4/14/20	<b>11c. Election Time(s):</b> 11:30 am to 1:00 pm; 5:00 pm to 6:30 pm	<b>11d. Election Location(s):</b> Conference Room	
<b>12a. Full Name of Petitioner (including local name and number)</b> SEIU-UHWE		<b>12b. Address (street and number, city, state, and ZIP code)</b> 2881 Corporate Way, Miramar, FL 33025	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> 1199 Service Employees International Union- United Healthcare Workers East			
<b>12d. Tel No.</b> 305-623-3000	<b>12e. Cell No.</b> 305-761-7776	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> christella.dorval@1199.org

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Christella Dorval, Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 2881 Corporate Way, Miramar FL 33025	
<b>13c. Tel No.</b> 305-761-7776	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 305-826-1604	<b>13f. E-Mail Address</b> christella.dorval@1199.org

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

<b>Name (Print)</b> Christella Dorval	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 3/11/2020
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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-257917</b>	Date Filed <b>March 11, 2020</b>

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2a. Name of Employer <b>SeaWorld Parks &amp; Entertainment</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>7007 Sea World Dr., Orlando, FL 32821</b>	
3a. Employer Representative - Name and Title <b>Sergio Rivera, CEO</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>407-545-5550</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Entertainment Park</b>	4b. Principal product or service <b>Entertainment</b>	5a. City and State where unit is located: <b>Orlando, FL</b>
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6a. Description of Unit Involved <b>Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, SERGEANTS AND CAPTAINS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SEAWORLD PARKS &amp; ENTERTAINMENT @ 7007 SEA WORLD DR., ORLANDO, FL 32821</b> <b>Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.</b>	6a. No. of Employees in Unit: <b>81</b>
	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (if no reply received, so state). <b>NO</b>
<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). <b>NONE</b>	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>NO</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____
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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) <b>NONE</b>
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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
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11b. Election Date(s): <b>4/2/2020</b>	11c. Election Time(s): <b>6:00 - 8:00 AM &amp; 2:00 - 4:00 PM</b>	11d. Election Location(s): <b>PORTS OF CALL</b>
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12a. Full Name of Petitioner (including local name and number) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>	12b. Address (street and number, city, state, and ZIP code) <b>25510 Kelly Road, Roseville, MI 48066</b>
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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) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>
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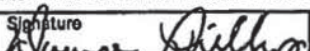
12d. Tel. No. <b>586-772-7250 X111</b>	12e. Cell No. <b>586-872-5634</b>	12f. Fax No. <b>586-772-9644</b>	12g. E-Mail Address <b>organize@spfpa.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Gordon Gregory, General Counsel</b>	13b. Address (street and number, city, state, and ZIP code) <b>65 Cadillac Square, Suite 3727, Detroit, MI 48226</b>
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13c. Tel. No. <b>313-964-5600</b>	13d. Cell No.	13e. Fax No. <b>313-964-2125</b>	13f. E-Mail Address <b>Gordon@UnionLaw.net</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Dwayne Phillips</b>	Signature 	Title <b>Organizing Director</b>	Date <b>3/10/2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.


12-RC-258326

Date Filed

3/23/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.**

<b>2a. Name of Employer:</b> My City Transportation/Fort Lauderdale		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Fort Lauderdale/Hollywood International Airport (FLL) location	
<b>3a. Employer Representative - Name and Title:</b> Danay C. Cravey, General Manager		<b>3b. Address (if same as 2b - state same):</b> 1033 Sistrunk Blvd., Fort Lauderdale, FL 33311	
<b>3c. Tel. No.</b> N/A	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> florida@mycitytransportation.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal Product or Service</b> Transportation Services	<b>5a. City and State where unit is located:</b> Ft. Lauderdale
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All customer service representatives (CSRs) <b>Excluded:</b> All other employees; including supervisors or guards as defined by the Act			<b>6a. Number of Employees in Unit:</b> 22
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> N/A		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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) <u>N/A</u> , 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)			
<b>10a. Name</b> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b> N/A	<b>10d. Cell No.</b> N/A
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Teamsters Local 769		<b>12b. Address (street and number, city, State and ZIP code):</b> 12365 West Dixie Highway, North Miami, FL 33161	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 305-642-6255	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 305-891-5896	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> D. Marcus Braswell, Jr., Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 100 Miracle Mile, Suite 300, Coral Gables, FL 33134	
<b>13c. Tel. No.</b> 305-529-2801	<b>13d. Cell No.</b> 305-206-2316	<b>13e. Fax No.</b> 305-447-8115	<b>13f. E-Mail Address</b> mbraswell@sugarmansusskind.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> D. Marcus Braswell, Jr.	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/20/2020

**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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