

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

DO NOT WRITE IN THIS SPACE

Case No. **12-RC-228892**

Date Filed  
**OCT 10, 2018**

**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> Fox Sports Net Florida, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 500 E. Broward Blvd., Suite 1300 Ft. Lauderdale, FL 33394	
<b>3a. Employer Representative - Name and Title</b> Michael Campolo, Senior Vice President; Steven Moy, Director		<b>3b. Address</b> (If same as 2b - state same) 2121 Avenue of the Stars, Suite 700 Los Angeles, CA 90067-5010	
<b>3c. Tel. No.</b> 310-369-2626	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Michael.Campolo@fox.com; Steve.Moy@fox.com

<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Cable television network	<b>4b. Principal product or service</b> Sports / entertainment	<b>5a. City and State where unit is located:</b> Dade, Broward, Palm Beach Counties, State of Florida
--	---	--

<b>5b. Description of Unit Involved</b> Included: See Attachment A Excluded: See Attachment A	<b>6a. No. of Employees in Unit:</b> Approx. 100+ <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)** 10/9/2018 and Employer declined recognition on or about no reply (Date) (If no reply received, so state). no reply  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<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?** 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)**  
None

<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>

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

<b>11b. Election Date(s):</b> Ballots mailed 10/23/18; Ballots returned by 11/13/18	<b>11c. Election Time(s):</b> Mail ballots - three-week balloting period	<b>11d. Election Location(s):</b> Mail ballots
<b>12a. Full Name of Petitioner (including local name and number)</b> International Alliance of Theatrical Stage Employees (IATSE)		<b>12b. Address (street and number, city, state, and ZIP code)</b> 207 W. 25th St., 4th Fl., New York, NY 10001

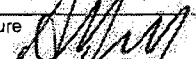
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the U.S. Its Territories and Canada, AFL-CIO, CLC

<b>12d. Tel No.</b> 212-730-1770	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-730-7809	<b>12g. E-Mail Address</b> ahealy@iatse.net
-------------------------------------	----------------------	-------------------------------------	--

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

<b>13a. Name and Title</b> Adrian D. Healy, Associate Counsel		<b>13b. Address (street and number, city, state, and ZIP code)</b> 207 W. 25th St., 4th Fl., New York, NY 10001	
<b>13c. Tel No.</b> 212-730-1770	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-730-7809	<b>13f. E-Mail Address</b> ahealy@iatse.net

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

<b>Name (Print)</b> Adrian D. Healy	<b>Signature</b> 	<b>Title</b> Associate Counsel	<b>Date</b> 10/10/2018
--	---	-----------------------------------	---------------------------

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

**PRIVACY ACT STATEMENT**

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

ATTACHMENT A  
NLRB Form 502 (RC)  
Fox Sports Net Florida, Inc.

**INCLUDED:**

All freelance broadcast technicians, including Technical Managers, Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Controllers (V1), Assistant Video Controllers (V2), Graphic Operators, Graphic Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Operators), Score Box Operators, Utility Technicians, Stage Managers, Statisticians, Runners, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Dade, Broward, and Palm Beach counties, Florida.

**EXCLUDED:**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-228910</b>	Date Filed <b>10-10-18</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.

2a. Name of Employer <b>Program Productions, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>2050 Finley Rd #80, Lombard, IL 60148</b>	
3a. Employer Representative - Name and Title <b>Robert Carzoli</b>		3b. Address (If same as 2b - state same) <b>same</b>	
3c. Tel. No. <b>630-792-7900</b>	3d. Cell No.	3e. Fax No. <b>630-792-9900</b>	3f. E-Mail Address <b>rcarzoli@programproductions.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Television broadcast labor provider</b>		4b. Principal product or service <b>Entertainment (sports / event production)</b>	
5a. City and State where unit is located: <b>Dade, Broward, Palm Beach Counties, State of Florida</b>		5b. Description of Unit Involved <b>Included: See Attachment A</b> <b>Excluded: See Attachment A</b>	
6a. No. of Employees in Unit: <b>Approx. 100+</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: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **10/9/2018** and Employer declined recognition on or about **no reply** (Date) (If no reply received, so state). **no reply**  
☐ 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	
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)  
**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. 11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Ballots mailed 10/23/18; Ballots returned by 11/13/18 11c. Election Time(s): Mail ballots - three-week balloting period 11d. Election Location(s): Mail ballots

12a. Full Name of Petitioner (including local name and number)  
**International Alliance of Theatrical Stage Employees (IATSE)** 12b. Address (street and number, city, state, and ZIP code)  
**207 W. 25th St., 4th Fl., New York, NY 10001**


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the U.S. Its Territories and Canada, AFL-CIO, CLC**

12d. Tel No. <b>212-730-1770</b>	12e. Cell No.	12f. Fax No. <b>212-730-7809</b>	12g. E-Mail Address <b>ahealy@iatse.net</b>
-------------------------------------	---------------	-------------------------------------	--

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

13a. Name and Title <b>Adrian D. Healy, Associate Counsel</b>		13b. Address (street and number, city, state, and ZIP code) <b>207 W. 25th St., 4th Fl., New York, NY 10001</b>	
13c. Tel No. <b>212-730-1770</b>	13d. Cell No.	13e. Fax No. <b>212-730-7809</b>	13f. E-Mail Address <b>ahealy@iatse.net</b>

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>Adrian D. Healy</b>	Signature 	Title <b>Associate Counsel</b>	Date <b>10/10/2018</b>
--	--	-----------------------------------	---------------------------

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

**PRIVACY ACT STATEMENT**

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

ATTACHMENT A  
NLRB Form 502 (RC)  
Program Productions, Inc. (Florida)

**INCLUDED:**

All freelance broadcast technicians, including Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Specialty Microphone Operators (A3), Video Controllers (V1), Assistant Video Controllers (V2), Graphic Operators, Graphic Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Operators), Score Box Operators, Utility Technicians, Stage Managers, Statisticians, Runners, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Dade, Broward, and Palm Beach counties, Florida.

**EXCLUDED:**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-229189

Date Filed

10/15/18

**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 4012). 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:  
FANATICS, INC.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
5245 Commonwealth Ave, Jacksonville, FL 32254

3a. Employer Representative - Name and Title:  
Riley Keys, General Manager

3b. Address (if same as 2b - state same):  
Same

3c. Tel. No.  
(904) 562-6695

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
rkeys@fanatics.com

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

4b. Principal Product or Service  
Sportswear

5a. City and State where unit is located:  
Jacksonville, Florida

5b. Description of Unit involved:  
Included:  
Mechanics  
Excluded:

6a. Number of Employees in Unit  
9

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)  
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? No If so, approximately how many employees are participating? \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_ (Name of Labor Organization)

10. Organizations or individuals other than 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:

11a. Election type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
October 22-26, 2018

11c. Election Time(s):  
Business hours

11d. Election Location(s):  
Employer's location

12a. Full Name of Petitioner (including local name and number):  
International Brotherhood of Teamsters, Local 947

12b. Address (street and number, city, State and ZIP code):  
10947 North Main Street, Jacksonville, Florida 32218

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.  
(904) 764-7756

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title:  
Donald Ray Connell, Principal Officer, IBT Local 947

13b. Address (street and number, city, State and ZIP code):  
10947 North Main Street, Jacksonville, Florida 32218

13c. Tel. No.  
(904) 764-7756

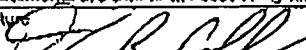
13d. Cell No.  
(904) 803-9804

13e. Fax No.

13f. E-Mail Address  
donnyconnell947@comcast.net

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

Name (Print)  
Donald Ray Connell

Signature  


Title  
Principal Officer, IBT Local 947

Date  
10/12/18

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

PRIVACY ACT STATEMENT

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

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

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-229343	Date Filed 10/16/18

**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.			
2a. Name of Employer Supervatu/UNFI		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1797 Pat Thomas Pkwy & 1400 Gadsden St-Quincy, FL 32351	
3a. Employer Representative - Name and Title Danny Ward-Plant Mgr		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 850-875-2600	3d. Cell No. 334-268-9989	3e. Fax No. 850-875-2600	3f. E-Mail Address drdrward@icloud.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse		4b. Principal product or service Grocery	
5a. City and State where unit is located: Quincy, FL			5b. Description of Unit Involved Included: See attached list  Excluded: Admin clerks, Auditors, professional ee's, guards and supervisors.
6a. No. of Employees in Unit: 120			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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/15/18 and Employer declined recognition on or about (Date) (If no reply received, so state).
	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Address, 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> 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.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
---	---

11b. Election Date(s): 11/13/18	11c. Election Time(s): P-730-930am, 530-730pm, G-230-430pm	11d. Election Location(s): Perishable -Breakroom & Grocery-Conference room
------------------------------------	---	---

12a. Full Name of Petitioner (including local name and number) United Food & Commercial Workers Local 1625	12b. Address (street and number, city, state, and ZIP code) 705 E Orange St., Lakeland, FL 33801
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commercial Workers Int'l Union, AFL-CIO, CLC
---

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
---------------	---------------	--------------	---------------------

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

13a. Name and Title Nancy A Wallace-Int'l Rep	13b. Address (street and number, city, state, and ZIP code) 705 E Orange St, Lakeland, FL 33801
--	--

13c. Tel. No. 407-590-4150	13d. Cell No. 407-590-4150	13e. Fax No. 883-583-3327	13f. E-Mail Address NWallace@ufcw.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) Nancy A Wallace	Signature Nancy A Wallace	Title Int'l Rep	Date 10/16/18
---------------------------------	------------------------------	--------------------	------------------

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

**PRIVACY ACT STATEMENT**

Collection 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.

**All Full Time and Regular part employees to include—Sanitation, Loaders, Selectors, Forklift Operators, Shuttle Drivers, Inventory and Shipping clerks, Equipment and Building Maintenance employees.**

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**12-RD-228712**

Date Filed  
**October 5, 2018**

**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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
McCallister Towing and Transportation Co., Inc. - Puerto Rico Branch  
**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
PO Box 9023923  
PR San Juan 00902-3923

**3a. Employer Representative - Name and Title**  
Jaime Santiago General Manager  
**3b. Address (If same as 2b - state same)**  
PO Box 9023923  
PR San Juan 00902-3923

**3c. Tel. No.**  
(787) 721-8888  
**3d. Cell No.**  
**3e. Fax No.**  
(787) 724-7687  
**3f. E-Mail Address**  
jsantiago@mccallistertowing.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Transportation  
**4b. Principal product or service**  
Maritime towing and transportation  
**5a. City and State where unit is located:**  
San Juan, PR

**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:**  
8  
**6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** Yes ☒ No ☐

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

**8a. Name of Recognized or Certified Bargaining Agent**  
International Organization of Master, Mates and Pilots, ILA-AFL-CIO Gabriel Terrasa Attor  
**8b. Address**  
700 Maritime Blvd Ste B  
MD Linthicum Heights 21090-1953

**8c. Tel. No.**  
(410) 609-3953  
**8d. Cell No.**  
**8e. Fax No.**  
(410) 609-3957  
**8f. E-Mail Address**  
gterrasa@bridgedeck.org

**8g. Affiliation, if any**  
ILA-AFL-CIO  
**8h. Date of Recognition or Certification**  
**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
04/30/2017

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

**10a. Name**  
**10b. Address**  
**10c. Tel. No.**  
**10d. Cell No.**  
**10e. Fax No.**  
**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
**11b. Election Date(s):**  
October 20, 2018  
**11c. Election Time(s):**  
Business hours  
**11d. Election Location(s):**  
Employer's place of business

**12a. Full Name of Petitioner** (b) (6), (b) (7)(C) N/A  
**12b. Address (street and number, city, state, and ZIP code)**  
(b) (6), (b) (7)(C)

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** (b) (6), (b) (7)(C)  
International Organization of Master, Mates

**12d. Tel. No.**  
(b) (6), (b) (7)(C)  
**12e. Cell No.**  
(b) (6), (b) (7)(C)  
**12f. Fax No.**  
**12g. E-Mail Address**  
(b) (6), (b) (7)(C)

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

**13a. Name and Title**  
Alcides Alexander Reyes Attorney  
ARG Law Office  
**13b. Address (street and number, city, state, and ZIP code)**  
PO Box 195036  
PR San Juan 00919-5036

**13c. Tel. No.**  
(787) 998-0600  
**13d. Cell No.**  
(787) 309-7295  
**13e. Fax No.**  
(787) 763-5215  
**13f. E-Mail Address**  
areyes@arglaw.net

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

**Name (Print)**  
Alcides Alexander Reyes  
**Signature**  
Alcides A. Reyes  
**Title**  
Attorney  
**Date**  
10/5/2018 13:59:15

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

**PRIVACY ACT STATEMENT**

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



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All unlicensed personnel employeeed on all vessels owned, operated or chartered by the Employer and subsidiaries, Puerto Rico operations.

**Employees Excluded**

All other employees, guards, and supervisores as defined in the Act