

FORM NLRB-602

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
17-RC-12640	October 5, 09

INSTRUCTIONS: Submit an original and 4 copies of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. If more space is required for any one item, attach additional sheets, numbering them accordingly.

The Petition 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.

1. PURPOSE OF THIS PETITION (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)
- 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.
 - RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
 - RD-DECERTIFICATION - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
 - UD-WITHDRAWAL OF UNION SHOP AUTHORITY - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
 - UC-UNIT CLARIFICATION - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees; (Check one) in unit not previously certified. in unit previously certified in Case No. _____
 - AC-AMENDMENT OF CERTIFICATION - Petitioner seeks amendment of certification issued in Case No. _____ Attach statement describing the specific amendment sought.

2. Name of Employer: **Safety & Security Services, Inc.**
 Employer Representative to contact: **William Price, President**
 Telephone No. & Fax No.: **Tel: 866.318.4357**

3. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
416 Northwest 8th Street, Oklahoma City, OK 73102-2604

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **SECURITY**
 4b. Identify principal product or service **Security**

5. Unit involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.)
 Included: ALL FULL TIME AND/OR REGULAR PART TIME ARMED & UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9 (b)(3) OF THE NATIONAL LABOR RELATIONS ACT, AS AMENDED EMPLOYED BY SAFETY & SECURITY, INC. @ SEE ATTACHMENT.
 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, SUPERVISORS, AS DEFINED IN THE ACT, AS AMENDED, AND ALL OTHER EMPLOYEES.
 6a. No. of Employees in Unit:
 Present **34**
 Proposed (By UC/AC)

6b. Is this petition supported by 30% or more of the employees in the unit? YES (Not applicable in RM, UC and AC)
 (If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable)

7a. Request for recognition as Bargaining Representative was made on (NONE MADE) 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.

8. Name of recognized or Certified Bargaining Agent (if none, so state)
United Government Security Officers of America, International Union (UGSOA)
 Address and Telephone No. & Fax No.
7230 Meade Street, Westminster, CO 80030 Phone: 303.842.9862
 Affiliation
 Date of Recognition or Certification

9. Expiration Date of Current Contract, if any (Month, Day, Year)
12/31/09
 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day, and Year)

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

11c. The Employer has been picketed by or on behalf of (Insert Name) Since (Month, Day, Year)

12. Organizations or individuals other than Petitioner (and other than those named in Items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) **NONE**

Name	Affiliation	Address	Date of Claim (Required only if Petition is filed by Employer)

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

Name of Petitioner and Affiliation: **By INTERNATIONAL UNION SECURITY, POLICE AND FIRE PROFESSIONALS OF AMERICA (SPFPA)**

Signature of Representative of person filing petition: *[Signature]*
 Steve Maritas Director, Organizing

Address **25510 KELLY ROAD - ROSEVILLE, MICHIGAN 48066** Tel No. (586) 772-7250 Fax (586) 772-9644
 rmary/opelw42

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

Attachment A

Site Description for Safety & Security Services, Inc.:

- Work performed for Safety & Security Services, Inc. (hereinafter "Company"), or a successor thereto, in connection with work performed for the Federal Aviation Administration (hereinafter "Client") at the Mike Monroney Aeronautical Center (MMAC) in Oklahoma City, Oklahoma, pursuant to contract no. DTFAAC-05-D-00018, or a successor contract.