

FORM NLRB-602 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 29-RC-168855 Date Filed 2/2/16

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located.

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.

2a. Name of Employer Uber 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 27- 55 Jackson Avenue Long Island City, NY 11101

3a. Employer Representative - Name and Title Josh Mohrer - General Manager 3b. Address (if same as 2b - state same) Same

3c. Tel. No. 718-482-7900 3d. Cell No. 3e. Fax No. 7184827947 3f. E-Mail Address

4a. Type of Establishment (Factory, Mine, wholesaler, etc.) 4b. Principal product or service Transportation 5a. City and State where unit is located; Queens, New York

6a. Description of Unit involved Included: All full time and regular part time taxicab drivers employed by Uber working from the Laguardia airport Excluded: All office and clerical staff, supervisors watchman and guards as defined in the act. 6a. No. of Employees in Unit: 600 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No []

Check One: [X] 7a. Request for recognition as Bargaining Representative was made on (Date) 2/1/16 and Employer declined recognition on or about (Date) (if no reply received, so state). by this petition [] 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

9c. Tel No. 9d Cell No. 9e. Fax No. 9f. E-Mail Address

9g. Affiliation, if any 9h. Date of Recognition or Certification 9i. 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 any such election. 11a. Election Type: [X] Manual [] Mail [] Mixed Manual/Mail

11b. Election Date(s): 2/16/16 11c. Election Time(s): 7:00 am to 7:00 pm 11d. Election Location(s): Lot 7 Laguardia Airport

12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers Local 1430 12b. Address (street and number, city, state, and ZIP code) 84 Business Park Drive Ste 202 Armonk, NY 10504

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

12d. Tel No. 914-948-3771 12e. Cell No. 831-659-5045 12f. Fax No. 914-948-3381 12g. E-Mail Address sgonzalez@1430ibew.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Samuel Gonzalez, VP 13b. Address (street and number, city, state, and ZIP code) same as 12b

13c. Tel No. 914-948-3771 13d. Cell No. 631-553-5045 13e. Fax No. 914-948-3381 13f. E-Mail Address sgonzalez@1430ibew.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) Samuel Gonzalez Signature Title Vice President Date 2/1/16

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.