



Public
Service
Labour
Relations
Board

Commission des
relations de
travail dans la
fonction
publique

P.S.L.R.B. File Number

FOR OFFICE USE ONLY

Form 1
(Section 23)

APPLICATION FOR CERTIFICATION

Public Service Labour Relations Act

NOTICE: The original and one copy of this application must be filed with the Executive Director of the Board.

1. Applicant information:

Name: _____

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Name of authorized representative:

Mailing address (if different from above):

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail address: _____

Complete section 2 only if the applicant is a council of employee organizations.

2. Constituent employee organizations information:

Name of constituent employee organization:

Name of contact person: _____

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail address: _____

Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.

3. Employer information:

Name: _____

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

4. Detailed description, in both official languages, of the group of employees proposed as a unit appropriate for collective bargaining:

5. Estimated number of employees in the bargaining unit proposed in section 4:

6. Reason for which the bargaining unit proposed in section 4 is appropriate for collective bargaining:

Complete section 7 only if an employee organization is currently certified as the bargaining agent for employees in the bargaining unit proposed in section 4.

7. Information of the bargaining agent representing employees in the bargaining unit proposed in section 4:

Name: _____

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Description of the bargaining unit represented:

Term of the collective agreement:

from _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

Term of arbitral award, if any:

from _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.

8. Other matters relevant to the application:

I, the undersigned, duly authorized representative of the applicant, hereby file this *Application for Certification*.

Date: _____
(dd/mm/yyyy)

(Signature of authorized representative)

(Office held with the applicant)

NOTE: Your attention is drawn to section 30 of the *Public Service Labour Relations Board Regulations*, which states:

30. (1) An application for certification shall be accompanied by the documentary evidence on which the applicant intends to rely to satisfy the Board that a majority of the employees in the proposed bargaining unit wishes the applicant to represent them as their bargaining agent.

(2) Any supplementary documentary evidence shall be filed no later than the closing date for the application.
