



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 2**  
*(Section 26)*

**REPLY TO AN APPLICATION FOR CERTIFICATION**

*Public Service Labour Relations Act*

P.S.L.R.B. File Number: \_\_\_\_\_

**BETWEEN**

\_\_\_\_\_ *(Name of Applicant)*

**-and-**

\_\_\_\_\_ *(Name of Employer)*

**1. Employer information:**

Name of authorized representative: \_\_\_\_\_

Mailing address:

Apartment *(if applicable)*: \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. Total number of employees in the bargaining unit proposed in section 4 of the *Application for Certification* (Form 1): \_\_\_\_\_**

**3. Reason for which the bargaining unit proposed in section 4 of the *Application for Certification* (Form 1) is not appropriate for collective bargaining:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete sections 4 to 6 only if the employer is proposing a bargaining unit different from the one proposed in section 4 of the Application for Certification (Form 1).

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

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**5. Reason for which the bargaining unit proposed in section 4 of this reply is more appropriate for collective bargaining than the one proposed in section 4 of the Application for Certification (Form 1):**

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**6. Total number of employees in the bargaining unit proposed in section 4 of this reply: \_\_\_\_\_**

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 of this reply.

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

Name: \_\_\_\_\_

Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Description of the bargaining unit represented:

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Term of the collective agreement:

to \_\_\_\_\_ from \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

Term of the arbitral award, if any:

to \_\_\_\_\_ from \_\_\_\_\_  
(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:**

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I, the undersigned, duly authorized representative of the employer, hereby file this *Reply to an Application for Certification*.

Date: \_\_\_\_\_  
(dd/mm/yyyy)

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(Signature of authorized representative)

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(Office held with the employer)

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