



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 3**  
(Section 27)

**APPLICATION FOR INTERVENTION IN AN APPLICATION  
FOR CERTIFICATION**

*Public Service Labour Relations Act*

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

**BETWEEN**

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

**-and-**

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

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**1. Intervenor 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: \_\_\_\_\_

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**2. Number of employees who are represented by the intervenor in the bargaining unit proposed in section 4 of the *Application for Certification* (Form 1): \_\_\_\_\_**

**3. Number of employees who are represented by the intervenor in the bargaining unit proposed in section 4 of the *Reply to an Application for Certification* (Form 2): \_\_\_\_\_**

**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.**

Complete sections 4 and 5 only if the intervenor has entered into a collective agreement with the employer in respect of the employees referred to in section 2 or 3.

**4. Description of the bargaining unit to which the employees referred to in section 2 or 3 belong:**

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**5. Term of the collective agreement binding the employees in the bargaining unit described in section 4:**

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

**6. Term of the arbitral award binding the employees in the bargaining unit described in section 4, if any:**

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

**7. Other matters relevant to the application:**

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I, the undersigned, duly authorized representative of the intervenor, hereby file this *Application for Intervention in an Application for Certification*.

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

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(Signature of authorized representative)

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(Office held with intervenor)

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**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.**