



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 6**  
*(Subsection 39(1))*

**REPLY TO AN APPLICATION FOR REVOCATION OF CERTIFICATION**

*Public Service Labour Relations Act*

**NOTICE:** You must attach a copy of any collective agreement or arbitral award affecting the employees in the bargaining unit described in section 4 of the *Application for a Revocation of Certification* (Form 5).

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

**BETWEEN**

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

**-and-**

\_\_\_\_\_ *(Name of Respondent Bargaining Agent)*

**1. Information of the person replying to the *Application for Revocation of Certification* (Form 5):**

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

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. Estimated number of employees in the bargaining unit described in section 4 of the *Application for Revocation of Certification* (Form 5):** \_\_\_\_\_

**3. Date of certification of the bargaining agent for the bargaining unit described in section 4 of the *Application for Revocation of Certification* (Form 5):**

\_\_\_\_\_  
(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.**

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

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I, the undersigned, duly authorized representative of the respondent bargaining agent, hereby file this *Reply to an Application for Revocation of Certification*.

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

\_\_\_\_\_  
(Signature of authorized representative)

\_\_\_\_\_  
(Office held with the person replying to the *Application for Revocation of Certification*)

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