

## FORM I: Application for Certification

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### *The Labour Relations Act*

Applicant Union:

Employer:

1. Description of Unit:
  
  
  
  
  
  
  
  
  
  
2. Approximate number of employees in the unit applied for:
3. Number of employees who wish to have the Applicant represent them:
4. Alphabetically arranged list marked "L" of affected employees who at the date of application wish to have the Applicant represent them, together with records constituting proof of their wishes. Include name, address, phone number, email and classification of each employee. (Attach)
5. Name and address of any other union(s) claiming to represent any or all of the employees in the unit applied for. (Attach)
6. The date and scope of any other certification of a bargaining agent for any of the employees of the employer. (Attach)
7. If any collective agreement exists or has recently expired, affecting any of the employees of the employer, give its effective date and file a copy of the agreement.

### **ATTACH:** (.pdf electronic format preferred)

Form A	Information of interested parties per nos. 5 and 6	Membership cards or other proof of wishes
List L	Latest collective agreement per no. 7	

The Applicant asserts that it has complied with all relevant provisions of *The Labour Relations Act* and Regulations thereunder in respect to the making of an application for certification.

Name:

Date:

Title:

Signature