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## FORM C: Employer's Return Upon Application for Certification (To be filed not later than two (2) days from date of receipt.)

' '	return open rippheation for ocitineation	
e Labour Relations Act		
nployer:		
me:		
ntact name:		
dress (Street, City, Postal Cod	de):	
nail:		
employees are employe	d by an employer other than that listed in	application for certification, specify below:
ditional employer:		
me:		
ntact name:		
dress (Street, City, Postal Cod	de):	
nail:		
me of applicant Unior	1:	
te: Figures entered in this	return should include only the employees in t	he unit specified in the application for Certification.
. Number of employees in your employment on the date of application (see Form II):  (Attach list marked "nominal roll" of employees on the date when the application was filed. Any regular employees not on the list must be reported with explanation for reasons for omission.)		
. Number of employees terminated from bargaining unit on, or after, the date of application:		
• •		
• •	-	
TACH: (.pdf electronic for	rmat preferred)	
Form A	Excluded employee information	Interested party information
Nominal Roll	Professional employee information	Current or latest collective agreement(s)
	me: ntact name: dress (Street, City, Postal Connail: employees are employed ditional employer: me: ntact name: dress (Street, City, Postal Connail: me of applicant Union te: Figures entered in this Number of employees in y (Attach list marked "nomin on the list must be reporte Number of employees terr Number of employees who (Attach list showing names) Number of employees dee (Attach list showing name) If the Employer has been give particulars including re  TACH: (.pdf electronic for	ntact name: dress (Street, City, Postal Code): nail: ditional employer: me: ntact name: dress (Street, City, Postal Code): me: ntact name: dress (Street, City, Postal Code): mail: me of applicant Union: te: Figures entered in this return should include only the employees in to Number of employees in your employment on the date of application (see (Attach list marked "nominal roll" of employees on the date when the applicant hist must be reported with explanation for reasons for omission.) Number of employees terminated from bargaining unit on, or after, the date Number of employees who the Employer claims should be excluded from (Attach list showing names, positions, and brief statement of duties of each Number of employees deemed to be "professional employees" pursuant to (Attach list showing name and classification of each such employee.) see so lift the Employer has been dealing with a union or organization in connect give particulars including names and addresses of the officers where known that the professional employee information are professional employee information.  Parference are professional employee information.

Signature

Date