

**FORM 5**  
**LABOUR RELATIONS BOARD (PRINCE EDWARD ISLAND)**  
**REPLY TO APPLICATION FOR CERTIFICATION**

BETWEEN:

APPLICANT

- and -

RESPONDENT

1. Name of respondent \_\_\_\_\_  
 Address of respondent \_\_\_\_\_
2. Nature of respondent's business \_\_\_\_\_
3. Total number of employees of the respondent on the payroll of the plant(s) or establishment(s) in respect of which the application for certification has been made: \_\_\_\_\_
4. Number of employees in the unit described by the applicant as being appropriate for collective bargaining as of the date the application was made: \_\_\_\_\_
5. Detailed description of the unit claimed by the respondent to be appropriate for collective bargaining, including the municipality or other geographic area affected: \_\_\_\_\_
6. Number of employees in the unit claimed by the respondent to be appropriate for collective bargaining as of the date the application was made: \_\_\_\_\_
- 6.1 The name, job description and status (whether full-time or part-time) of each employee on the payroll at the time the application for certification was made are as set out in the Schedule annexed to this Form.
7. The name and address of any trade union known to the respondent as claiming to be the bargaining agent or to represent any employees who may be affected by the application: \_\_\_\_\_
8. The date of any certification of a bargaining agent of any employees who may be affected by the application: \_\_\_\_\_
9. The respondent is or was a party to or bound by a collective agreement, a copy of which is enclosed, with a trade union or council of trade unions that,
  - (a) was signed on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_;
  - (b) became effective on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_; and
  - (c) contains the following provision relating to its termination or renewal:
10. Other relevant (use additional pages if necessary):

I/WE \_\_\_\_\_  
 declare that the statements made and information given herein are true in substance and in fact, and that I/We make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

DECLARED by the said \_\_\_\_\_ )  
 before me at \_\_\_\_\_ in )  
 the County of \_\_\_\_\_ and )  
 Province of \_\_\_\_\_ )  
 this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )

A COMMISSIONER