

FORM 1

LABOUR RELATIONS BOARD (PRINCE EDWARD ISLAND)

APPLICATION FOR CERTIFICATION

1. Name of applicant _____
2. Address _____
3. (Where applicant is council of trade unions)
The name and address of each union that is a member of the council:

4. Name of respondent (Employer) _____
Address: _____
5. Nature of Employer's business: _____

6. Is this application filed under Section 54 of the Act? Yes ___ No ____.
Detailed description of unit of employees of the respondent and geographic area that the applicant claims to be appropriate for collective bargaining:

7. Name of any trade union or employee organization known to the applicant as claiming to be the bargaining agent of, or a claiming to represent, any employees affected by this application:

8. Is there a collective agreement affecting employees in the proposed unit? If so, state commencement date _____ expiry date _____.
9. The applicant does/does not request a pre-hearing representation vote among employees in such voting constituency as the Board determines.
N.B. This application will be processed without a pre-hearing vote unless the applicant indicates that it does requires a pre-hearing vote.
10. The undersigned on behalf of the applicant requests that the Board certify the applicant as bargaining agent of the employees in the unit set forth as appropriate for collective bargaining.

I/WE _____
declare that the statements made and information given herein are true in substance and in fact, and that I/WE made 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)