

LABOUR RELATIONS CODE

BRITISH COLUMBIA
LABOUR RELATIONS BOARD

**EMPLOYEE APPLICATION FOR
REVOCATION OF BARGAINING RIGHTS
(SECTION 33 OR 34)**

- **PLEASE TYPE OR PRINT CLEARLY. ATTACH EXTRA PAGES IF NECESSARY.**
 - EMPLOYEES WISHING TO HAVE THE BARGAINING RIGHTS OF THEIR UNION REVOKED SHOULD SELECT A PERSON TO ACT AS THEIR CONTACT PERSON WITH THE BOARD
 - EACH EMPLOYEE MUST COMPLETE AN INDIVIDUAL REVOCATION FORM 33A (ATTACHED)
- *NOTE: THE REVOCATION FORMS MUST BE SIGNED WITHIN 90 DAYS OF THE APPLICATION BEING RECEIVED BY THE LABOUR RELATIONS BOARD
- **NAMES OF EMPLOYEES WILL BE KEPT CONFIDENTIAL**

APPLICANT INFORMATION

- AUTHORIZED REPRESENTATIVE FOR THE EMPLOYEES SIGNING THE REVOCATIONS.

Name:

Address: City:

Postal Code:

Business Telephone: Home Telephone: Fax:

Name of Spokesperson (if different from above):

Address (if different from above):

Postal Code:

Business Telephone: Home Telephone: Fax:

TRADE UNION INFORMATION

Full Name:	<input type="text"/>	Local Number:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone:	<input type="text"/>
		Fax:	<input type="text"/>
Name of Union Contact Person:	<input type="text"/>		

BARGAINING UNIT INFORMATION

Is your bargaining unit certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If no, is there a collective agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, please enclose a copy of your current collective agreement.			
Please state the bargaining unit description (or) location(s) where the employees affected by this application are working.			
<input type="text"/>			

EMPLOYER INFORMATION

• Who is your employer?			
Full name:	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone:	<input type="text"/>
		Fax:	<input type="text"/>
Name of Employer Contact Person:	<input type="text"/>		

EMPLOYEE SUPPORT

• Attach individual revocations signed by at least 45% of the employees in the bargaining unit represented by the trade union. (Form 33A)	
Number of signed revocation forms:	<input type="text"/>
Number of employees in the bargaining unit:	<input type="text"/>

- If this application meets all requirements under the Code and the Rules, a hearing will be set down in seven or eight days.

Signature of Applicant: _____

Print name:

Position:

Date of signing:

COMPLETE AND DELIVER TO:

Registrar
Labour Relations Board
600 - 1066 West Hastings Street
Vancouver, BC
V6E 3X1
Tel: 604-660-1300 Fax: 604-660-1892

IF THESE FORMS HAVE BEEN FAXED, THE ORIGINAL SIGNED COPIES MUST ALSO BE FORWARDED TO THE BOARD (LRB RULES).

LABOUR RELATIONS BOARD FEES

- APPLICATION/COMPLAINT MUST INCLUDE FEE OF \$100.00

- METHOD OF PAYMENT (CHECK ONE)

CREDIT CARD - MASTER CARD

VISA

CREDIT CARD NO:

EXPIRY DATE:

SIGNATURE: _____

 CHEQUE DEBIT CARD CHARGE TO PRE-APPROVED ACCOUNT

- PAYMENT (CHECK ONE)

 ENCLOSED TO BE SENT WITH ORIGINAL COPY AS APPLICATION/COMPLAINT SENT BY FAX CHARGED TO PRE-APPROVED ACCOUNT

- NOTE: FEE OF \$50.00 MUST ACCOMPANY REPLY TO APPLICATION/COMPLAINT
- NOTE: CREDIT CARD INFORMATION WILL BE DELETED BY THE BOARD PRIOR TO DISTRIBUTING THIS FORM TO THE PARTIES

Form 33A
LABOUR RELATIONS CODE
BRITISH COLUMBIA
LABOUR RELATIONS BOARD

**APPLICATION FOR
REVOCATION OF BARGAINING RIGHTS
(SECTION 33 OR 34)**

BEFORE YOU SIGN THIS FORM, PLEASE ENSURE:

- The Trade Union's full name and local (if applicable) is filled out
- The date is filled out by you
- Your name is printed clearly
- The Employer's name is filled out

THIS FORM WILL NOT BE ACCEPTED UNLESS THESE REQUIREMENTS ARE MET AND THE FORM IS SIGNED AND DATED ON OR WITHIN 90 CALENDAR DAYS IMMEDIATELY BEFORE THE DATE ON WHICH THE REVOCATION APPLICATION IS RECEIVED BY THE LABOUR RELATIONS BOARD.

(NAMES OF EMPLOYEES WILL BE KEPT CONFIDENTIAL)

I HEREBY WISH TO APPLY FOR CANCELLATION OF CERTIFICATION/REVOCATION OF BARGAINING RIGHTS HELD BY MY UNION:

NAME OF TRADE UNION

LOCAL NUMBER

(The union's name and local (if applicable) must be filled out at the time of your signature)

NAME OF EMPLOYER

I UNDERSTAND THAT IF THE APPLICATION SUCCEEDS, THE UNION WILL CEASE TO BE MY EXCLUSIVE BARGAINING AGENT AND WILL NO LONGER REPRESENT ME IN COLLECTIVE BARGAINING.

I HEREBY AUTHORIZE THE SPOKESPERSON NAMED ON THE ACCOMPANYING APPLICATION TO ACT AS MY REPRESENTATIVE IN THE PROCEEDINGS BEFORE THE LABOUR RELATIONS BOARD.

Print Your Name:

Signature: _____

Date: Day: Month: Year:

(The date must be completed by you at the time of your signature)

Print your complete address.

Street: City:

Province: Postal Code: Phone number: