

LABOUR RELATIONS CODE

BRITISH COLUMBIA
LABOUR RELATIONS BOARD

**APPLICATION FOR EMPLOYER SUCCESSORSHIP
(SECTIONS 35 AND 36)**

PLEASE INDICATE UNDER WHICH SECTION OF THE CODE THIS APPLICATION IS BEING MADE

Section 35

Section 36

PLEASE TYPE OR PRINT CLEARLY. ATTACH EXTRA PAGES IF NECESSARY.

APPLICANT INFORMATION

Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Telephone number:	<input type="text"/>	Fax:	<input type="text"/>
Contact person:	<input type="text"/>		
Address (if different from above):	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Telephone number:	<input type="text"/>	Fax:	<input type="text"/>

EMPLOYER INFORMATION

	VENDOR	PURCHASER
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Phone/Fax Numbers	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Contact Person	<input type="text"/>	<input type="text"/>
Number of Employees	<input type="text"/>	<input type="text"/>

TRADE UNION INFORMATION

Name:	<input type="text"/>	Local Number:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Telephone number:	<input type="text"/>	Fax:	<input type="text"/>
Union contact person:	<input type="text"/>		
Certification Date*:	<input type="text"/>		
Term of Collective Agreement*:	<input type="text"/>		
Date of Letter of Understanding*:	<input type="text"/>		
Date of Disposition (Sale, Lease, Transfer)*:	<input type="text"/>		
* Enclose copies of any relevant certifications, collective agreements or letters of understanding.			

Does the Purchaser agree that it is a successor employer of the Vendor? Yes No
If Yes, are existing bargaining units going to be maintained, or what plans are there, if any, regarding the merger of the groups of employees?

NOTE: If the Purchaser agrees that it is a successor employer of the Vendor, there is no need to answer the following questions.

What is (was) the business of the Vendor?

What is the business of the Purchaser?

Will the business of the Vendor continue in a recognizable form? Yes No
If Yes, provide details.

Is there a bill of sale, lease, or transfer document providing evidence of the transaction between the Vendor and the Purchaser? Yes No
If Yes, provide details, and attach a photocopy if possible.

Does the sale involve only a transfer of shares? Yes No If Yes, provide details.

Provide details below of any work formerly performed by employees of the Vendor that is currently performed by employees of the Purchaser.

Are any managers or owners of the Vendor now employed by the Purchaser, and are they performing the same or similar work? Yes No If Yes, provide details below.

Prior to the sale, lease, transfer or disposition, was there a period in which the business of the Vendor did not operate? Yes No If Yes, how long was this period? Provide details below.

Is this an arm's length sale between Vendor and Purchaser? i.e. Are the vendor and purchaser separate and unrelated entities? Yes No If No, provide details.

Are you aware of any physical assets of the Vendor being purchased by or transferred to the Purchaser? Yes No If Yes, provide details of the assets and their estimated value.

Provide details below of any transfer by the Vendor of goodwill, logos or trademarks, customer lists, accounts receivable, existing contracts or inventory to the Purchaser.

Provide details below of any agreement by the Vendor not to compete for the business of the Purchaser.

Is the Purchaser servicing any customers previously serviced by the Vendor? Yes No
If Yes, provide details.

Provide below any additional information which may assist the Board in its determination.

HEARING

? Are you requesting a hearing before the Board? Yes No

? If Yes, please provide reasons for the request, the estimated time required and the proposed location of the hearing.

HEARING

? If there is any urgency to the matter, please explain.

Signature: _____

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

Copies must be delivered to affected parties

Has this been done? Yes No

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