

LABOUR RELATIONS CODE

BRITISH COLUMBIA
LABOUR RELATIONS BOARD

**APPLICATION FOR UNION SUCCESSORSHIP
(SECTION 37)**

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

EMPLOYER INFORMATION

| | | | |
|--|----------------------|--------------|----------------------|
| Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | Postal Code: | <input type="text"/> |
| Business Telephone Number: | <input type="text"/> | Fax Number: | <input type="text"/> |
| Date of Certification: | <input type="text"/> | | |
| Name of trade union presently certified: | <input type="text"/> | | |

TRADE UNION CLAIMING TO BE SUCCESSOR

| | | | |
|-------------------|----------------------|---------------|----------------------|
| 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"/> |

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|--|----------------------|
| - Number of Employees in Bargaining Unit(s): | <input type="text"/> |
|--|----------------------|

- Have the parent bodies of the trade unions concerned approved the merger, amalgamation, or transfer of jurisdiction? Yes No If Yes, provide resolution or confirming documents.

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- Outline fully the manner in which the applicant became the successor to the trade union named in the certification. Provide copies of all supporting documents including steps taken to obtain employees' approval.

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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.

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HEARING

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

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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

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