

LABOUR RELATIONS CODE

BRITISH COLUMBIA
LABOUR RELATIONS BOARD

**APPLICATION FOR ACCREDITATION
(SECTION 43)**

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

APPLICANT INFORMATION

Name:

Address:

City: Postal Code:

Telephone number:

Fax:

Mailing address, (if different from above):

Name and address of person in possession of employers' organization records pertaining to this application (this information is required only in instances where the applicant does not have an established office).

Name:

Address:

City: Postal Code:

Telephone number:

Fax:

NAMES AND ADDRESSES OF EMPLOYERS ON WHOSE BEHALF YOUR ORGANIZATION SEEKS ACCREDITATION (USE SUPPLEMENTAL SHEETS AS REQUIRED)

PLEASE ENCLOSE CONSTITUTION AND BYLAWS AND RELEVANT MINUTES OF MEETINGS, CONSENTS FROM AFFECTED EMPLOYERS.

- Please list all bargaining units certified to the applicants that may be affected by this application.

Explain why the employers named above in this application are said to constitute a group appropriate for collective bargaining.

- Is any other organization accredited as bargaining agent on behalf of an employer named above in this industry?
 Yes No If Yes, give name of employer and accredited organization.

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.

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

Signature of Applicant or Agent: _____

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