

**LABOUR RELATIONS CODE**

BRITISH COLUMBIA  
LABOUR RELATIONS BOARD

**APPLICATION FOR A MEDIATOR  
(SECTIONS 55 AND 74)**

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

Section 55   
Section 74

APPLICANT INFORMATION (Trade Union, Employer or Employer Organization making the application)

Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Representative to be contacted:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
If bargaining is being conducted by another party on the applicant's behalf; name:	<input type="text"/>		
Employer Name:	<input type="text"/>		
Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

**RESPONDENT INFORMATION (Trade Union, Employer or Employer Organization that is the other party in collective bargaining)**

Name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	Postal Code:	<input type="text"/>
Representative to be contacted:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
If bargaining is being conducted by another party on the respondent's behalf; name:	<input type="text"/>		
Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

**BARGAINING UNIT**

Actual location of business:	<input type="text"/>
Certification Date:	<input type="text"/>
Number of Bargaining Unit Employees:	<input type="text"/>

**COLLECTIVE AGREEMENT**

Is this the first collective agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, enter the term of the previous agreement:		
Term: From:	<input type="text"/>	To: <input type="text"/>

**STRIKE/LOCKOUT VOTE**

Has a strike or lockout vote been taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what date was vote taken?		
<input type="text"/>		

STRIKE/LOCKOUT NOTICE

If strike or lockout notice has been given:

Name of party serving notice:

Date and time the notice was served:

If a strike or lockout has commenced, on what date?

DATES OF MEETINGS HELD

OUTSTANDING ISSUES

ESSENTIAL SERVICES

Are essential services a factor in this dispute?  Yes  No

LABOUR RELATIONS BOARD FEES

- PARTIES TO THE DISPUTE SHALL SHARE EQUALLY, THE MEDIATION FEE OF \$500.00, PLUS G.S.T., PER DAY.
- THE LABOUR RELATIONS BOARD SHALL INVOICE THE PARTIES.

Signature: \_\_\_\_\_ Date:

Title:

PLEASE ENCLOSE ONE COPY OF THE MOST RECENT COLLECTIVE AGREEMENT AND A COPY OF THE CERTIFICATION(S) APPLICABLE TO THIS BARGAINING UNIT.

Completed forms and ALL supporting documents to be sent to:

ASSOCIATE CHAIR (MEDIATION)  
LABOUR RELATIONS BOARD  
600 - 1066 WEST HASTINGS STREET  
VANCOUVER, B.C. V6E 3X1

Copies must be delivered to  
affected parties.

Has this been done?

YES       NO

PHONE (604)660-1300  
FAX (604)660-1892