

LABOUR RELATIONS CODE

BRITISH COLUMBIA
LABOUR RELATIONS BOARD

APPLICATION FOR THE
DESIGNATION OF ESSENTIAL SERVICES
(SECTION 72)

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 applicant is represented by another party; name:	<input type="text"/>		
Company 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 respondent is represented by another party; Contact name:	<input type="text"/>		
Employer 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?

BRIEF BARGAINING HISTORY

(For example, When did bargaining commence, how many sessions were held and when was the last session?)

LIST OF THE OTHER UNIONS INVOLVED AT THE WORK LOCATION(S) INVOLVED

Name:

Representative:

Telephone: Fax:

Number of employees in bargaining unit.:

Name:

Representative:

Telephone: Fax:

Number of employees in bargaining unit.:

Name:

Representative:

Telephone: Fax:

Number of employees in bargaining unit.:

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:

Completed forms and ALL supporting documents to be sent to:

LABOUR RELATIONS BOARD

REGISTRAR

600 - 1066 West Hastings Street

Vancouver, B.C.

V6E 3X1

PHONE (604)660-1300

FAX (604)660-1892

Copies must be delivered to
affected parties.

Has this been done?

YES

NO