

**LABOUR RELATIONS CODE**

BRITISH COLUMBIA  
LABOUR RELATIONS BOARD

**APPLICATION FOR THE BOARD TO CONDUCT  
A LAST OFFER VOTE  
(SECTION 78)**

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 being represented by another party:			
Representative to be contacted:	<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 respondent is being represented by another party:			
Representative to be contacted:	<input type="text"/>		
Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

BARGAINING UNIT

Certification Date:	<input type="text"/>
Number of Bargaining Unit Employees:	<input type="text"/>
Number of Employers involved:	<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:	<input type="text"/>	
Term: From:	<input type="text"/>	To: <input type="text"/>

COLLECTIVE BARGAINING

When did the collective bargaining commence?	<input type="text"/>
Approximately how many meetings have been held?	<input type="text"/>

MEDIATION

Has a mediator been involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the mediator reported out of the dispute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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:	<input type="text"/>
Date and time the notice was served:	<input type="text"/>

LAST OFFER

Has the last offer been formally submitted to the other party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was the offer submitted?	<input type="text"/>	
Was the last offer submitted in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WORK SITE INFORMATION

List the work location(s) involved in the last offer vote:
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

ESSENTIAL SERVICES

Are Essential Services a factor in this dispute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Signature: _____	Date: <input type="text"/>
Title: <input type="text"/>	

PLEASE ENCLOSE ONE COPY OF THE MOST RECENT COLLECTIVE AGREEMENT AND A COPY OF THE LAST OFFER.

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

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

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