

SCHEDULE

FORM 1
LABOUR RELATIONS BOARD (PRINCE EDWARD ISLAND)
APPLICATION FOR CERTIFICATION

1. Name of Applicant Union: _____

2. Address: _____

3. Is there on file with the Board a current copy of your constitution, rules and bylaws, or other instruments or documents containing a complete statement of the Applicant Union's objects and purposes? Yes _____ No _____

If no, please file concurrently with this application.

4. Where the applicant is a council of trade unions, please state the name and address of each union that is a member of the council of trade unions: _____

5. Name of Respondent (Employer): _____

Address: _____

6. Nature of Employer's Business _____

7. Is this application filed under section 54 of the Act? Yes _____ No _____

8. If yes, is there a collective agreement in place of which the proposed unit will become a part? If yes, state commencement date _____ expiry date _____.

9. Detailed description of unit of employees of the respondent and geographic area that the applicant claims to be appropriate for collective bargaining: _____

10. Total number of employees of the respondent in respect of which the application for certification has been made (use approximate number, if exact number is not known) _____

11. Name of any trade union or employee organization known to the applicant as claiming to be the bargaining agent of, or to represent, any employees affected by this application. _____

12. Is there a collective agreement affecting employees in the proposed unit? If so, state commencement date _____ expiry date _____.

13. The applicant does _____ does not _____ request a pre-hearing representation vote* among employees in such voting constituency as the Board determines.

14. The applicant requests that the Board certify the applicant as bargaining agent of the employees in the unit set forth as appropriate for collective bargaining.

I hereby declare that the statements made and information given herein are true in substance and in fact and I make this solemn declaration conscientiously believing it to be true, knowing that it is of the same force and effect as if made under oath and by virtue of the *Evidence Act* R.S.P.E.I. 1988, Cap E-11.

DECLARED by the _____)
before me at _____)
in the County of _____)
Province of _____)
this _____ day of _____ 20 _____)

A Commissioner for taking affidavits in the
Supreme Court

Applicant Union Name

Authorized Signature

A Commissioner for taking affidavits in the
Supreme Court

Title

Authorized Signature

Title

* Note: This application will be processed without a pre-hearing vote unless the applicant indicates that it does require a pre-hearing vote.
[Attach completed Exhibit "A" and "B".]