

PUBLIC SERVICE LABOUR RELATIONS ACT

FORM R-1A

**APPLICATION FOR CERTIFICATION
BEFORE THE PUBLIC SERVICE LABOUR RELATIONS BOARD**

P.S.L.R.B. File

(To be used only after the initial certification period)

1. APPLICANT, Name and Address

EMPLOYER, Name and Address

* Strike out
if not applicable

2. Where the applicant is a council of employee organizations, state the name of each constituent employee organization:

3. Detailed description of the unit of employees of the employees of the employer that the applicant proposes as appropriate for collective bargaining:

4. The grounds on which the applicant intends to rely in support of its proposal that the bargaining unit described in 3 above is appropriate:

5. (a) Estimate number of employees in the proposed bargaining unit.		5. (b) Approximately how many of the employees in the proposed bargaining unit to you claim to represent?	
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6. Indicate briefly nature of evidence available to support claim made in 5(a) above:

7. The name and address of any employee organization that has been certified as bargaining agent for any of the employees in the unit proposed in item 3 above:

Other relevant statements in support of this application

Dated at, this day of 20. . . . and signed on behalf of the applicant by

.....
Signature

.....
Office held in employee organization

.....
Signature

.....
Office held in employee organization

NOTE: Where the applicant desires to list persons whom it considers to be employed in a managerial or confidential capacity it may do so by filing together with its application a list setting out the name of each such person identifying the department or portion of the Public Service in which such persons are employed, subdivided so that each subdivision corresponds to a paragraph in the definition of "person employed in a managerial or confidential capacity" in section 1 of the Act.

DECLARATION

I/We declare that the answers and information contained in the foregoing application are true in substance and fact. I/We further declare that I/We have been duly authorized to make this application. And I/We make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath, and by virtue of the *Evidence Act*.

Declared by the said

..... and

Before me at, in

Signature

the County of,

Signature

and Province of

this day of, 20.....

(To be declared before a Commissioner of Oaths or any person authorized by law to administer an oath)