

PUBLIC SERVICE LABOUR RELATIONS ACT

**REPLY TO APPLICATION FOR REVOCATION OF CERTIFICATION
BEFORE THE PUBLIC SERVICE LABOUR RELATIONS BOARD**

FORM R-12

P.S.L.R.B. File

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(If necessary, attach additional pages of same size of paper)

1. APPLICANT, Name

2. BARGAINING AGENT, Correct Name and Address

3. EMPLOYER, Correct Name and Address

4. Estimate the total number of employees in the bargaining unit as described in the application:

5. The date of certification of the bargaining agent for the bargaining unit described in the application

....., 20.....

6. The bargaining agent is or was a party to or bound by a collective agreement, a copy of which is enclosed herewith that

Name of Employer

(a) was signed on the day of, 20.....,

(b) became effective on the day of, 20....., and

(c) contains the following provision relating to its termination of renewal

.....
.....

7. Other Relevant Statements:

.....
.....

Dated at, this day of, 20.....

*Strike out
if not applicable

*(for the Barg. Agent)
*(for the employer)

.....
Signature

.....
Signature