

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".]

*Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for administering services under Prince Edward Island's Labour Act. If you have any questions about this collection of personal information, you may contact the Chief Executive Officer of the Labour Relations Board at 902-368-5550.*