

FORM 17

LABOUR RELATIONS BOARD (PRINCE EDWARD ISLAND)
INTERVENTION REGARDING ACCREDITATION OR
REVOCAION OF ACCREDITATION

BETWEEN:

AND:

APPLICANT

AND:

RESPONDENT

INTERVENER
(Name of Intervener)

1. The intervener is (check one) _____ Trade Union
_____ An Employer
_____ A Council of Trade Unions
_____ An Employers' Organization

that claims an interest in this application for the following reason(s): _____

2. The Intervener contests the accreditation/revocation on the following ground(s): _____

3. The Intervener submits with this intervention the following documentary evidence in support of its claim to an interest in this proceeding: _____

4. The intervener state(s):
(a) Address of intervener: _____

(b) Address of intervener for Service: _____

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, and 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

Intervener

Title

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