



APPLICATION FOR REVOCATION OF BARGAINING RIGHTS (DECERTIFICATION)

- Employees wishing to have the bargaining rights of their union revoked should select a person to act as their spokesperson. This person will be referred to as the “applicant.”
- Please consult Information Circular 10 (Application for Revocation) for more detailed information on the requirements related to an application for revocation of bargaining rights.

Applicant Information

NAME OF APPLICANT: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

NAME OF COUNSEL AND LAW FIRM, if applicable: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

Canada Labour Code

Provision of the *Canada Labour Code* under which this application is being made:

- Section 38(1)—Application to decertify union
- Section 38(3)—Application for order that union is not entitled to represent bargaining unit employees (voluntarily recognized union)
- Section 40(1)—Application to decertify union because certification was obtained by fraud
- Section 41(1)—Application to decertify a Council of trade unions

Canada

Trade Union Information

FULL NAME OF UNION: _____

LOCAL NUMBER: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

NAME OF UNION REPRESENTATIVE: _____

TITLE OF UNION REPRESENTATIVE: _____

Apart from the union identified above, do you know of any other unions that have bargaining rights at your workplace? If yes, please list them (attach additional pages if necessary).

Yes _____

No _____

Employer Information

LEGAL NAME OF THE EMPLOYER: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____ FAX: _____

NAME OF EMPLOYER REPRESENTATIVE: _____

TITLE OF EMPLOYER REPRESENTATIVE: _____

What is the general nature of your employer's business?

What is the address of the employer's workplace(s) that are affected by this application (if different from above)?

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE NUMBER: _____ FAX: _____

Facts

How many employees are in the bargaining unit you want to decertify: _____

Is your bargaining unit certified? Yes No

If yes, on what date was your bargaining unit certified? _____

If not certified, is there a collective agreement in force? Yes No

If there is a collective agreement, what is its commencement date? _____

If there is a collective agreement, what is its termination date? _____

Please provide a description of the bargaining unit(s) that will be affected by this application:

Supporting Documents

Have you included a copy of the collective agreement (if there is one) with this application?

Yes

No

Have you included a SEPARATE AND CONFIDENTIAL STATEMENT by EACH employee in the bargaining unit indicating that he or she no longer wishes to be represented by the union and authorizing the applicant to act on his or her behalf.

Yes

No, we used a petition

Description of Order or Decision Sought

The order or decision you are seeking is:

an order revoking the certification of the trade union as bargaining agent

or

a declaration that the voluntarily recognized bargaining agent is not entitled to represent the employees of the bargaining unit

or

an order revoking the certification of the trade union as bargaining agent due to evidence of fraud

Applicant Signature

Date

The personal information provided on this form is collected solely for the purpose of administering the *Canada Labour Code* and may be accessed by contacting the Board. The information may appear in the Board's written reasons for decision which may be posted in full on the Board's Website.