



Federal Public Sector Labour  
Relations and Employment  
Board

Commission des relations de  
travail et de l'emploi dans le  
secteur public fédéral

F.P.S.L.R.E.B. File Number  
(FOR OFFICE USE ONLY)

## Form 1

Section 23

*of the Federal Public Sector Labour Relations Regulations*

### APPLICATION FOR CERTIFICATION

*Federal Public Sector Labour Relations Act*

**Notice: Please see section 30 of the *Federal Public Sector Labour Relations Regulations*, which states:**

**30. (1) An application for certification must be accompanied by the documentary evidence on which the applicant intends to rely to satisfy the Board that a majority of the employees in the proposed bargaining unit wishes the applicant to represent them as their bargaining agent.**

**(2) Any supplementary documentary evidence must be filed with the Board on or before the closing date for the application.**

### 1. Applicant information:

Name:

Mailing address:

Apartment *(if applicable)*:

Number and street:

City:

Province or Territory:

Postal code:

Name of authorized representative:

Mailing address *(if different from above)*:

Apartment *(if applicable)*:

Number and street:

**Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.**

City:

Province or Territory:

Postal code:

Telephone number:

Fax number:

Email address:

***Complete section 2 only if the applicant is a council of employee organizations.***

## **2. Constituent employee organization information:**

Name of constituent employee organizations:

Name of their contact persons:

Mailing address *(if different from above)*:

Apartment *(if applicable)*:

Number and street:

City:

Province or Territory:

Postal code:

Telephone number:

Fax number:

**Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.**

Email address:

**3. Employer information:**

Name:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Email address:

**4. Detailed description, in both official languages, of the group of employees proposed as a unit appropriate for collective bargaining:**

**5. Estimated number of employees in the proposed bargaining unit:**

**6. Reasons for which the proposed bargaining unit is appropriate for collective bargaining:**

*Complete section 7 only if an employee organization is currently certified as the bargaining agent for employees in the bargaining unit proposed in section 4.*

Where information on more than one person is required in a section or the space provided is not sufficient, please attach additional pages of same-sized paper.

**7. Information with respect to the bargaining agent representing employees in the bargaining unit proposed in section 4:**

Name of bargaining agent:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Email address:

Description of the bargaining unit represented:

Term of the collective agreement:

from (dd/mm/yyyy):

to (dd/mm/yyyy):

Term of arbitral award, if any:

from (dd/mm/yyyy):

to (dd/mm/yyyy):

**8. Other matters relevant to the application:**

I, the undersigned, duly authorized representative of the applicant, file this *Application for Certification*.

Date (dd/mm/yyyy):

(signature of authorized representative) :

(office held with the applicant) :