



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 15

Section 55

of the Federal Public Sector Labour Relations Regulations
APPLICATION FOR A DECLARATION THAT A STRIKE VOTE IS INVALID
Federal Public Sector Labour Relations Act

1. Applicant information:

Last Name *(print in block letters)*:

First Name *(print in block letters)*:

Mailing address:

Apartment *(if applicable)*:

Number and street:

City:

Province or Territory:

Postal code:

Telephone numbers *(where we can reach you)*:

Home:

Office:

Fax numbers *(where we can reach you)*:

Home:

Office:

Email address:

Name of authorized representative *(if applicable)*:

Mailing address *(if different from above)*:

Apartment *(if applicable)*:

Number and street:

City:

Province or Territory:

Postal code:

Telephone number:

Fax number:

Email address:

2. Name of the bargaining agent:

3. Name of the employer:

4. Description of the bargaining unit in which the strike vote was held:

5. Date on which the results of the strike vote were announced
(dd/mm/yyyy):

6. Irregularities alleged to have occurred in the conduct of the vote:

I, the undersigned, (duly authorized representative of the applicant,) hereby file this *Application for a Declaration that a Strike Vote is Invalid*.

Date (dd/mm/yyyy):

(Signature of the applicant or authorized representative):