



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 2

Section 26

of the Federal Public Sector Labour Relations Regulations

REPLY TO AN APPLICATION FOR CERTIFICATION

Federal Public Sector Labour Relations Act

F.P.S.L.R.E.B. File number.:

BETWEEN

(Name of Applicant):

-and-

(Name of Employer):

1. Employer's authorized representative's information:

Name of authorized representative:

Mailing address:

Apartment *(if applicable)*:

Number and street:

City:

Province or Territory:

Postal code:

Telephone number:

Fax number:

Email address:

2. Total number of employees in the group of employees in the bargaining unit proposed in the *Application for Certification*:

3. Reasons for which the proposed group of employees in the bargaining unit proposed is not appropriate for collective bargaining, if any:

Complete sections 4 to 6 only if the employer is proposing a bargaining unit different from the one proposed in the Application for Certification (Form 1).

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

5. Reasons for which that group is more appropriate for collective bargaining than the one proposed in the *Application for Certification* (Form 1):

6. Total number of employees in the group of employees in the bargaining unit proposed by the employer:

Complete section 7 only if an employee organization is currently certified as the bargaining agent for employees in the bargaining unit proposed by the employer in section 4 of this reply.

7. Information of the bargaining agent representing employees in the bargaining unit proposed in section 4 of this reply:

Name:

Mailing address:

Apartment (if applicable):

Number and street:

City:

Province or Territory:

Postal code:

Email address:

Description of the bargaining unit that the bargaining agent represents:

Term of the collective agreement:

to (dd/mm/yyyy):

from (dd/mm/yyyy):

Term of the arbitral award, if any:

to (dd/mm/yyyy):

from (dd/mm/yyyy):

8. Other matters relevant to the application:

I, the undersigned, duly authorized representative of the employer, hereby file this *Reply to an Application for Certification*.

Date (dd/mm/yyyy):

(Signature of authorized representative):

(Office held with the employer):