



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 3**

*Section 27*

*of the Federal Public Sector Labour Relations Regulations*

**APPLICATION FOR INTERVENTION IN 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. Intervenor information:**

Name:

Mailing address:

Apartment *(if applicable)*:

Number and street:

City:

Province or Territory:

Postal code:

Email address:

**Name of authorized representative:**

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. Number of employees who are represented by the intervenor in the bargaining unit proposed in the *Application for Certification* :**

**3. Number of employees who are represented by the intervenor in the group of employees proposed by the employer in the *Reply to an Application for Certification*:**

*Complete sections 4 and 5 only if the intervenor has entered into a collective agreement with the employer in respect of the employees referred to in section 2 or 3.*

**4. Detailed description, in both official languages, of the bargaining unit to which the employees belong:**

**5. Term of the collective agreement binding the employees in the bargaining unit described in section 4:**

from (dd/mm/yyyy):

to (dd/mm/yyyy):

**6. Term of the arbitral award binding the employees in the bargaining unit described in section 4, if any:**

from (dd/mm/yyyy):

to (dd/mm/yyyy):

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

I, the undersigned, duly authorized representative of the intervenor, hereby file this *Application for Intervention in an Application for Certification*.

Date (dd/mm/yyyy):

(Signature of authorized representative):

(Office held with intervenor):