

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 6

Subsection 39(1) of the Federal Public Sector Labour Relations Regulations **REPLY TO AN APPLICATION FOR A REVOCATION OF CERTIFICATION** Federal Public Sector Labour Relations Act

Notice: You must attach a copy of any collective agreement or arbitral award affecting the employees in the bargaining unit described in section 4 of the *Application for a Revocation of Certification* (Form 5).

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

BETWEEN

Name of Applicant:

-and-

Name of Respondent Bargaining Agent:

1. Information of the bargaining agent and its authorized representative replying to the *Application for a Revocation of Certification*:

Name:

Name of authorized representative:

Mailing address:

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:

2. Estimated number of employees in the bargaining unit referred to in the *Application for a Revocation of Certification*:

3. Date of certification of the bargaining agent for the bargaining unit described in section 4 of the *Application for a Revocation of Certification* **(Form 5)** (dd/mm/yyyy):

4. Other matters relevant to the application:

I, the undersigned, duly authorized representative of the respondent bargaining agent, hereby file this Reply to an *Application for a Revocation of Certification*.

Date (dd/mm/yyyy):

(Signature of authorized representative):

(Office held with the person replying to the *Application for a Revocation of Certification*):