

Federal
Public
Service
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: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail address:

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

2. Constituent employee organization information:

Name of constituent employee organizations:

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.

Name of their contact persons:

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

Telephone number: (____) _____ Fax number: (____) _____

E-mail addresses:

3. Employer information:

Name:

Mailing address:

Apartment (if applicable): _____ Number and street: _____

City: _____ Province or Territory: _____ Postal code: _____

E-mail address:

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

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.

Term of arbitral award, if any:

from _____ to _____
(dd/mm/yyyy) (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)
