

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 or family 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*):

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

Home: (_____) _____ Home: (_____) _____

Office: (_____) _____ Office: (_____) _____

E-mail 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: (_____) _____

E-mail 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)
