

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*

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**F.P.S.L.R.E.B. File Number:** \_\_\_\_\_

**BETWEEN**

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*(Name of Applicant)*

**-and-**

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*(Name of Employer)*

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**1. Intervenor information:**

Name:

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Mailing address:

Apartment (if applicable): \_\_\_\_\_ Number and street: \_\_\_\_\_

City: \_\_\_\_\_ Province or Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-mail address:

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**Name of authorized representative:**

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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:

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**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:**

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

from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

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

from \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yyyy) (dd/mm/yyyy)

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

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

Date: \_\_\_\_\_  
(dd/mm/yyyy)

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(Signature of authorized representative)

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(Office held with intervenor)

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