

**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 5

*Section 36
of the Federal Public Sector Labour Relations Regulations*

APPLICATION FOR A REVOCATION OF CERTIFICATION

Federal Public Sector Labour Relations Act

1. Applicant information:

Last 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. Respondent bargaining agent information:

Name:

Mailing address:

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

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

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

E-mail address:

Complete section 3 only if the applicant is not the employer.

3. Employer information:

Name:

Mailing address:
Apartment (if applicable): _____ Number and street: _____
City: _____ Province or Territory: _____ Postal code: _____

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

E-mail address:

4. Detailed description, in both official languages, of the bargaining unit :

5. Estimated number of employees in the bargaining unit described in section 4:

6. Term of the collective agreement or arbitral award, or both, as the case may be:

collective agreement:

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

arbitral award:

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

7. Provision of the *Federal Public Sector Labour Relations Act* invoked in support of the application:

- 94 The employee organization no longer represents a majority of the employees in the bargaining unit.
- 98(a) The employer, or a person acting on behalf of the employer, has participated or is participating in the formation or administration of the employee organization in a manner that impairs its fitness to represent the interests of the employees in the bargaining unit.
- 98(b) The employee organization discriminates against any employee on a prohibited ground of discrimination within the meaning of the *Canadian Human Rights Act*.
- 99 The employee organization wishes to give up or abandon its certification or has ceased to act as bargaining agent.
- 100 The council of employee organizations no longer meets the conditions for certification set out in paragraph 64(1)(c) of the *Federal Public Sector Labour Relations Act* for a council of employee organizations.

8. Reasons for which the certification of the respondent bargaining agent should be revoked (*sufficiently detailed to allow the bargaining agent to reply to the application*):

9. Other matters relevant to the application:

I, the undersigned, (duly authorized representative of the applicant,) hereby file this *Application for a Revocation of Certification*.

Date: _____
(dd/mm/yyyy)

(Signature of the applicant or authorized representative)

(Office held with the applicant, if applicable)

NOTE: Your attention is drawn to section 42 of the *Federal Public Sector Labour Relations Board Regulations*, which state:

42. (1) An application for a revocation of certification must be accompanied by the documentary evidence on which the applicant intends to rely to satisfy the Board that the bargaining agent no longer represents a

majority of the employees in the bargaining unit.

(2) Any supplementary documentary evidence must be filed with the Board on or before the closing date for the application.
