

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: _____

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

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

E-mail address: _____

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

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.

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*)
