



MANITOBA LABOUR BOARD

Suite 500, 5th Floor – 175 Hargrave Street, Winnipeg, Manitoba, Canada R3C 3R8

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www.manitoba.ca/labour/labbrd

FORM I: Application for Certification

THE LABOUR RELATIONS ACT

Name of Employer: _____

Name of Applicant Union: _____

1. Description of Unit: _____

2. Approximate number of employees in the unit applied for _____

3. Number of employees who wish to have the Applicant represent them _____

4. Attached list marked "L" is a correct alphabetically arranged list of the affected employees who at the date of application wish to have the Applicant represent them and herewith produced are original records constituting proof of their wishes.

5. Name and address of any other union(s) claiming to represent any or all of the employees in the unit applied for.

6. The date and scope of any other certification of a bargaining agent for any of the employees of the employer.

7. If any collective agreement exists or has recently expired, affecting any of the employees of the employer, give its effective date.

expiry date
(File copy of agreement if available)

8. The Applicant asserts that it has complied with all relevant provisions of *The Labour Relations Act* and Regulations thereunder in respect to the making of an application for certification.

Dated this _____ day of _____ 20 .

(Name of Union)

per

Form A to be filed herewith