APPLICATION FOR REVOCATION OF BARGAINING RIGHTS (DECERTIFICATION)

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| * Employees who wish to have the bargaining rights of their union revoked should select a person to act as their spokesperson. This person will be referred to as the “applicant.”
* Please read Rules of Procedure No. 2–Applications for revocation (Rules of Procedure No. 2) before completing this form. **In accordance with these rules, an application is considered filed with the Board on the date the completed Application for Revocation form, the original separate and confidential employee statements relating to the application (see Supporting Documents below) and the completed Certificate of Accuracy are received.**. You can consult Rules of Procedure No. 2 on the Board’s website at www.cirb‑ccri.gc.ca.
* Please consult Information Circular No. 10–Applications for Revocation (also available on the Board’s website) for more detailed information on the requirements related to an application for revocation of bargaining rights.
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# Applicant Information

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| NAME OF APPLICANT:      ADDRESS:      CITY/TOWN:       PROVINCE:       POSTAL CODE:      EMAIL ADDRESS:      TELEPHONE NUMBER: (     )       FAX: (     )      NAME OF COUNSEL AND LAW FIRM, if applicable:      ADDRESS:      CITY/TOWN:       PROVINCE:       POSTAL CODE:      EMAIL ADDRESS:      TELEPHONE NUMBER: (     )       FAX: (     )       |

# *Canada Labour Code*

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| **Please check the appropriate box to indicate under which section of the *Canada Labour Code (Part I–Industrial Relations)* this application is being made:** |
| [ ]  | Section 38(1)–Application to decertify union |
| [ ]  | Section 38(3)–Application for order that union is not entitled to represent bargaining unit employees (voluntarily recognized union) |
| [ ]  | Section 40(1)–Application to decertify union because certification was obtained by fraud |
| [ ]  | Section 41(1)–Application to decertify a council of trade unions |

# Trade Union Information

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| FULL NAME OF UNION:      LOCAL NUMBER:      ADDRESS:      CITY/TOWN:       PROVINCE:       POSTAL CODE:      EMAIL ADDRESS:      TELEPHONE NUMBER: (     )       FAX: (     )      NAME OF UNION REPRESENTATIVE:      TITLE OF UNION REPRESENTATIVE:      **Apart from the union identified above, do you know of any other unions that have bargaining rights at your workplace? If yes, please list them (attach additional pages if necessary).** |
| [ ]  | Yes       |
| [ ]  | No |

# Employer Information

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| LEGAL NAME OF THE EMPLOYER:      ADDRESS:      CITY/TOWN:       PROVINCE:       POSTAL CODE:      EMAIL ADDRESS:      TELEPHONE NUMBER: (     )       FAX: (     )      NAME OF EMPLOYER REPRESENTATIVE:      TITLE OF EMPLOYER REPRESENTATIVE:      **What is the general nature of your employer’s business?**

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|      **What is the address of the employer’s workplaces that are affected by this application (if different from above)?**ADDRESS:      CITY/TOWN:       PROVINCE:       POSTAL CODE:      TELEPHONE NUMBER: (     )       FAX: (     )       |

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# Facts

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| How many employees are in the bargaining unit you want to decertify:      Is your bargaining unit certified? [ ]  Yes [ ]  NoIf yes, on what date was your bargaining unit certified?      If not certified, is there a collective agreement in force? [ ]  Yes [ ]  NoIf there is a collective agreement, what is its commencement date?      If there is a collective agreement, what is its termination date?      Please provide a description of the bargaining unit(s) that will be affected by this application:      |

# Information Related to the Collective Agreement

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| Give the terms (including commencement, renewal and termination dates) of any existing or recently expired collective agreement that covers or has covered part or all of the employees affected by this application. Please provide a copy of the relevant sections of the collective agreement if available:

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# Supporting Documents

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| **Submit the following:*** **The completed Application for Revocation form**
* **Evidence of Employees’ Wishes:**
* **Original separate and confidential employee statements** signed by **each** employee you claim to represent stating that they no longer wish to be represented by the bargaining agent and authorizing you to act on their behalf.Please note that petitions (list of signatures on one sheet of paper) are not accepted as evidence of employee wishes.

Pursuant to section 35 of the *Canada Industrial Relations Board Regulations*, *2012*, all documents received in this regard are handled and retained by the Board in confidence.* **The completed Certificate of Accuracy**

Note that the application is considered filed with the Board on the date **the completed Application for Revocation form, the original separate and confidential employee statements relating to the application and the completed Certificate of Accuracy** are received. It is important to note that the failure to submit the required documentation with the application at the time of filing may result in the summary dismissal of the application by the Board. |
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# Description of Order or Decision Sought

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| The order or decision you are seeking is: |
| **[ ]**  | an order revoking the certification of the trade union as bargaining agent |
| or |
| **[ ]**  | a declaration that the voluntarily recognized bargaining agent is not entitled to represent the employees of the bargaining unit |
| or |
| **[ ]**  | an order revoking the certification of the trade union as bargaining agent due to evidence of fraud |

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| Applicant Signature |  | Date |

The personal information provided on this form is collected solely for the purpose of administering the *Canada Labour Code* and may be accessed by contacting the Board. The information may appear in the Board’s written reasons for decision which may be posted in full on the Board’s website.

CERTIFICATE OF ACCURACY (REVOCATION)

(This Certificate of Accuracy is to be completed by the applicant and filed at the same time as the Application for Revocation.)

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| NAME OF APPLICANT: |  |
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| I, |  |
|  | (Please print name of applicant) |
| hereby report and certify to the Canada Industrial Relations Board (the Board) as follows: |

1. I understand that any misrepresentations or irregularities in evidence provided to the Board could result in the rejection of all or part of the evidence submitted and the dismissal of the application.
2. I am an employee of the employer in the bargaining unit covered by this application.
3. I represent a more than 50% of the employees in the bargaining unit.
4. To my knowledge, all signatories in support of this application are expressing their true wishes.
5. I understand that the industrial relations officer appointed by the Board has the authority to investigate and verify all documents and statements made by parties to this application.

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| Dated this |  | day of |  | 20 |  | . |
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| (Signature of witness) |  | (Signature of applicant) |