FORM 6

The Trade Union Act

APPLICATION FOR REVOCATION OF CERTIFICATION
BEFORE THE LABOUR BOARD

Between:

Applicant

- and -

Respondent
(Trade Union)

The applicant applies to the Labour Board to revoke the certification of (Union Name & Local No.)

_____

as bargaining agent for a unit of employees employed by

_____

The applicant states:

1. Name(s) of Applicant(s): _____
   _____
   Address(es): _____
   _____

2. Name of Respondent: _____
   _____
   Address: _____
   _____

3. Name of employer of employees in the unit: _____
   _____
   Address: _____
   _____

4. General nature of employer's business: _____
   _____

_____

5. Approximate total number of employees of employer: _____

6. Detailed description of the unit:

_____
_____
_____
_____
_____

7. Approximate number of employees in the unit: _____

8. The date of the certification of the respondent as the bargaining agent of the employees in the unit:

_____

9. If there is an existing collective agreement affecting employees in the proposed unit, give date of last signing:

_____

Quote terms of such agreement relating to the duration, renewal and termination:

_____
_____

10. A statement of facts showing that

(a) a significant number of members of the certified trade union allege that it is not adequately fulfilling its responsibilities to the employees in the bargaining unit for which it was certified; **OR**

(b) the certified union no longer represents a majority of the employees in the unit for which it was certified.

_____
_____
_____
_____
_____

11. The attached **confidential** petition provides a list of names of the employees who support this application.

Note: The Labour Board may hold a hearing to resolve this application. If there is a hearing, the applicant(s) must be able to provide satisfactory evidence establishing (a) how the petition was created, and (b) how each of the signatures were obtained.

I/WE _____ declare that the statements made and information given herein are true in substance and in fact and we make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and made by virtue of the Canada Evidence Act.

Declared by the said

_____

and

_____

before me at _____ in the County of _____
this _____ day of _____, A.D. 20_____

A Commissioner of the Supreme
Court of Nova Scotia

(To be declared before a Commissioner for taking affidavits or any person authorized by law to administer an oath.)

Note: Any employee, or group of employees, who has filed an Application of Revocation of Certification may attend at the hearing in person or by a representative. Any employee or representative who appears at the hearing will be required to testify or produce a witness or witnesses who will be able to testify, from his or their personal knowledge and observation as to (a) the circumstances concerning the origination of the material filed, and (b) the manner in which each of the signatures was obtained.

This Form must be completed in its entirety, with all necessary documents attached, before the application will be processed.

Revised July 28, 2017;
September 6, 2018.

CONFIDENTIAL EMPLOYEE PETITION SEEKING REVOCATION OF BARGAINING RIGHTS

WE the undersigned employees of (*employer's name & address*) _____
have signed this petition to support an application to revoke the bargaining rights of (*Union name & Local no.*)
_____

WE say that our bargaining agent's bargaining rights should be revoked because:

- ☐ (a) a significant number of members of the certified trade union allege that it is not adequately fulfilling its responsibilities to the employees in the bargaining unit for which it was certified; **OR**
- ☐ (b) it no longer represents a majority of the employees in the unit for which it was certified.

WE HAVE SIGNED THIS PETITION FREELY AND VOLUNTARILY:

Signature	Name (Print)	Email or Mailing Address	Home or Cell Phone No.	Signing Date	Witness Signature	Witness Name (Print)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

NOTE: This form is provided by the Labour Board for the convenience of parties interested in exercising rights under the *Trade Union Act*. **It must be completely filled-in before it is filed with the Board**. The same party may witness more than one signature. Parties placing petitions before the Board will require a spokesperson to establish the authenticity of their petitions. Parties attesting to the authenticity of petitions must maintain custody of petitions **at all times** before they are filed with the Board. Information about the rights and duties set out in the *Trade Union Act* may be obtained through the Board office.