

INSTRUCTION SHEET

Application For Amendment of Certification (Trade Union Act, Section 28)

This form can be used for matters under Part I and Part II of the *Trade Union Act*.

By filing this application, the applicant claims that:

- They seek to include or exclude a specific classification from the bargaining unit, update the name of the union or employer (where it has changed), or combine previous certifications;
- There is a certified bargaining relationship between the parties; and
- Bargaining unit members support the application.

Important to note:

- Do not modify this form.
- This form must be completed in its entirety and properly signed before the application will be processed. The authority to sign an application is dealt with in Section 5 of the [Trade Union Act](#).
- Applications may be delivered by email, personal service, or by registered mail or other similar mail services.
- If an application is filed on a Saturday, Sunday, or holiday, it will be deemed to be filed on the following business day, as set out in the *Trade Union Act General Regulations*.
- If this application is made jointly by the union and the employer, you must include information confirming that it is both the employer and the union making the application.
- For applications to combine certification orders or to include/exclude employees from the bargaining unit, the Board will give notice (including information on how to intervene) to the employees affected.

Useful resources are available at <https://novascotia.ca/lae/labourboard/>, including:

- [Labour Board Rules of Procedure](#)
- [Past decisions of the Labour Board \(CanLII\)](#)
- [Information Bulletin: Dispute Resolution Alternatives](#)
- [Information Bulletin – “Ins and Outs”](#)
- [Information Bulletin – “Casual Employees in the Bargaining Unit”](#)
- [Policy Statement on Amendments](#)
- [Nova Scotia Trade Union Act and Regulations](#)

Applications can be submitted to:

Labour Board
1601 Lower Water Street, 3rd Floor
PO Box 202
Halifax NS B3J 2M4
Email: labourboard@novascotia.ca

Access

The Board aspires to provide services that are universally accessible. Once your application is submitted, the Board will contact you to provide information about the process. Any accessibility requests that you have can be discussed at that time including language translation and any accommodation that may be required. The Labour Board does not provide legal advice. You may want to contact the [Legal Information Society of Nova Scotia](#) for legal assistance.

Privacy Statement

Any personal information requested in this form is collected under the authority of the Nova Scotia *Trade Union Act* (“TUA”) and the Nova Scotia *Freedom of Information and Protection of Privacy Act* (“FOIPOP”). It is collected for the purpose of processing your Application to the Labour Board. The collection, use, and disclosure of this information is managed under the TUA and FOIPOP. Any information provided to the Board may be shared with all parties affected by this application, subject to the discretion and policies of the Board. The Board’s decision in this matter will be published online on CanLII and Carswell, both of which are publicly accessible databases.

SECTION A – CONTACT INFORMATION

We need to know how to reach the individuals involved in this application. Fill out as much of this section as possible. It is your responsibility to update the Board if there are any changes in your contact information.

TRADE UNION INFORMATION

If the applicant is a council of trade unions, provide the full name and address of each constituent union of the council.

Full Legal Name of Union:		Local No.:
Contact Person and Position:		
Gender Pronouns:	Phone No.:	
Email Address:		
Street Address:		
Town/City:	Province:	Postal Code:

If applicable, fill out the following information related to the Union’s Counsel and Law Firm:

Law Firm Name:		
Counsel Name:		
Gender Pronouns:	Phone No.:	
Email Address:		
Street Address:		
Town/City:	Province:	Postal Code:

EMPLOYER INFORMATION

Full Legal Name of Employer:		
Contact Person and Position:		
Gender Pronouns:	Phone No.:	
Email Address:		
Street Address:		
Town/City:	Province:	Postal Code:

Where the employer is a member of an employers’ organization that may be affected by this application, provide the following information:

Employers’ Organization Name:		
Contact Person and Position:		
Gender Pronouns:	Phone No.:	
Email Address:		

SECTION B – APPLICATION CONFIRMATION

1. The applicant is:

- The Trade Union
- The Employer
- The Trade Union and the Employer making this application jointly

2. The applicant seeks to (check all that apply):

- Change the Union’s or Employer’s Name (Complete Section C)
- Include specific additional classifications of employees in the bargaining unit (Complete Section D)
- Exclude specific classifications from the bargaining unit (Complete Section D)
- Combine previous certifications into one order (Complete Section E)

SECTION C – CHANGE TO UNION OR EMPLOYER’S NAME

1. The union’s name is to be changed from:

TO:

2. The employer’s name is to be changed from:

TO:

3. If available, provide proof of your legal name change.

SECTION D – INCLUDE/EXCLUDE EMPLOYEE CLASSIFICATIONS

Fill out this section only if you are applying to include or exclude employees from the bargaining unit.

1. How many employees are in the classification? _____

2. Describe the specific classification(s) of employees that the applicant seeks to include or exclude from the bargaining unit:

3. Explain the reason(s) to include or exclude the classification from the unit:

4. Have there been any significant changes to the classification that would justify its inclusion or exclusion from the bargaining unit? If so, please explain:

5. If granted, what do you propose to be the effective date? _____

6. Have you attached membership evidence showing that members are in good standing of the trade union?

YES NO

SECTION E – COMBINING PREVIOUS CERTIFICATION ORDERS INTO ONE

Fill out this section only if you are applying to combine previous certification orders.

1. Is the incumbent union authorized as the bargaining agent for both units?

YES

NO

2. Explain whether there is a shared community of interest between the two units (attach additional pages, if necessary):

3. Explain why the certifications should be combined into one (attach additional pages, if necessary):

4. If this application is granted, what wording do you propose should be used to describe the bargaining unit?

5. If granted, what do you propose to be the effective date? _____

6. Confirm that you have attached evidence that members of both units expressed their wishes through appropriate channels:

Yes, I have evidence of the wishes of the members of the units.

SECTION F – REQUIRED DOCUMENTATION

Ensure you have carefully reviewed this list and attached all documentation requested. Check the applicable boxes.

Certification Order or Voluntary Recognition Agreement

I have attached a copy of the certification order or voluntary recognition agreement.

Not applicable to my application.

Copy of Collective Agreement

I have attached a copy of the Collective Agreement

Other documentation

I have attached all other documentation relied upon for this application

If the applicant is signing alone on behalf of the union:

I have attached a copy of the resolution authorizing the undersigned to sign this application, pursuant to Section 5 of the *Trade Union Act*

OR

A current copy of an authorization is already on file with the Board (e.g. resolution)

IMPORTANT: This application must be completed in full, with all necessary documents attached. An incomplete application form will not be processed. Note that, except where protected by statute or Board policy, all information collected in this application form will be shared with other parties involved in this matter. Also, note that the decision of the Board may be posted online to searchable legal databases including Carswell and CanLII.

I/We _____
(print full name(s) of the applicant(s))

declare that the statements made and information given herein are true in substance and in fact and I/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 before me at:)
)
 _____, Nova Scotia)
)
 this _____ day of _____,)
)
 20____.)
)
)
)
 _____)
 To be declared before a commissioner for taking affidavits or any)
 person authorized by law to administer an oath)

Applicant's Signature

Applicant's Signature