

INSTRUCTION SHEET

Application For Successor Rights (Trade Union Act, Section 31)

This form can be used to apply to the Board to resolve a question with respect to bargaining rights arising from an alleged sale of business, an amalgamation of municipalities, or contracting out work. This form can be used to make successor rights applications for Part I (non-construction industry) and Part II (Construction Industry).

By filing this application, the applicant claims that:

- There was a sale of a business, amalgamation of municipalities, and or work contracted out.
- As a result of the above, issues have arisen respecting bargaining rights of the employees, union, or municipality under section 31 of the *Trade Union Act*.

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*.

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

- [The Nova Scotia Trade Union Act and Regulations](#)
- [Labour Board Rules of Procedure](#)
- [Past decisions of the Labour Board \(CanLII\)](#)
- [Information Bulletin: Dispute Resolution Alternatives](#)

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.:	
Street Address:		
Town/City:	Province:	Postal Code:

PREDECESSOR EMPLOYER INFORMATION

Full Legal Name of Predecessor Employer (or Municipality, if applicable):		
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 Counsel and Law Firm:

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

SUCCESSOR EMPLOYER INFORMATION

Full Legal Name of Successor Employer (or Municipality, if applicable):		
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 Counsel and Law Firm:

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

OTHER PARTY CONTACT INFORMATION

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

SECTION B – APPLICANT DETAILS

1. The applicant is:

- The Trade Union
 The Employer
 A Municipality

Other: _____

2. Please provide a concise statement on the details of this application:

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3. Will you also be applying to Section 21 in relation to this application? YES NO

4. This application is a result of an alleged:

- Sale of Business *(Complete Part 1 in Section C below)*
- Amalgamation of one or more municipalities into another municipality or an amalgamation; union, or other joining of two or more municipalities *(Complete Part 2 in Section C below)*
- Contracting out of work regularly done by employees *(Complete Part 3 in Section C below)*

SECTION C – DETAILS OF SALE, AMALGAMTION OR CONTRACTED WORK

Please complete the applicable section below:

1. Sale of Business

Full Name of Predecessor Employer (sold by):	
Full Name of Successor Employer (sold to):	
Date of Alleged Sale:	Sale of Business Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO

2. Amalgamation of one or more Municipalities

Full Name of Predecessor Municipality 1:	
Full Name of Predecessor Municipality 2:	
Full Legal Name of Successor Municipality:	
Date of Alleged Amalgamation:	Amalgamation Completed? <input type="checkbox"/> YES <input type="checkbox"/> NO

3. Contracting out of work regularly done by employees

Employees of (Predecessor Employer): <i>(Full legal name of predecessor employer)</i>	
Name of Successor Employer (sold to): <i>(Full legal name of successor employer)</i>	
Date of Alleged Event:	Contracting Work (regularly done by their employees) <input type="checkbox"/> DID TAKE PLACE <input type="checkbox"/> DID NOT TAKE PLACE
Did the Employer Avoid Obligations under the <i>Trade Union Act</i> ? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION D – RESULT AND IMPACT OF SALE, AMALGATION, OR CONTRACTED WORK

Collective Agreement:

1. Does a collective agreement apply to the new entity?
 YES NO

Characteristics Changes

2. Are the characteristics of the new entity substantially different from the characteristics of the predecessor employer?
 YES NO
3. Is there an intermingling of employees of predecessor entity with employees of successor entity represented by a trade union?
 YES NO

SECTION E- REMEDIES SOUGHT

1. The applicant makes the following request (state nature of relief claimed):

2. The applicant submits with this application the following documents:

3. Other relevant statements, including a statement of events which led to this application:
(attach additional pages if necessary):

If the applicant is the union, authorization to sign:

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

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

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