

INSTRUCTION SHEET

Application For Revocation of Certification (Trade Union Act, Section 29)

This form can be used to apply for the Board to revoke your union’s certification. You must include a confidential personal statement (Form 6A) signed and dated by each employee supporting this application.

By filing this application, the applicant claims that:

- The union has been certified for more than one year and no collective agreement is in force; or a collective agreement is in force but is currently in “open season” within the meaning of section 23 of the [Trade Union Act](#); and
- A significant number of union members allege the union is not adequately fulfilling its responsibilities or the union no longer represents a majority of the employees in the unit

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.
- 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*.
- To apply, you must be an employee or a group of employees within a bargaining unit—employers may not apply to decertify a union or be involved in the application in any way
- You must include separate confidential personal statements (Form 6A attached) from each employee who supports this application.
- The confidential personal statements must be signed, dated, and be filled out freely and voluntarily.
- Incomplete personal statements may not be accepted by the Board in support of the application

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](#)
- [Information Bulletin: Revocation of Certification](#)

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 individual(s) 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.

APPLICANT INFORMATION

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

APPLICANT REPRESENTATIVE INFORMATION (if applicable)

Name of Representative:	
Email:	Phone No.:

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:

RESPONDENT (TRADE UNION) INFORMATION

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 – DETAILS OF APPLICATION

1. What is the nature of the employer's operation? _____
2. Approximate total number of employees in the unit: _____
3. Date of certification of the Union as bargaining agent: _____
4. Is there an existing collective agreement? _____
5. When does the current/ most recent collective agreement expire? _____

6. Detailed description of the bargaining unit, *i.e.*, *position titles included or excluded*

7. Are you filing this application because:

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

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

8. Are there any other relevant facts you would like the Board to know about why you are filing this application?

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 _____

(full name of the applicant)

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

Form 6A

Confidential Personal Statement

(In relation to an Application for Revocation of Certification Section 29 - Trade Union Act)

(NAMES OF EMPLOYEES WILL BE KEPT CONFIDENTIAL)

**IMPORTANT: This Personal Statement must be completed in full.
Please ensure that it is completed clearly, signed and dated.
An incomplete Personal Statement will not be processed.**

TRADE UNION INFORMATION

Full Name:		Local No.:
Address:		Phone No.:
Town/City:	Province:	Postal Code:

EMPLOYER INFORMATION

Full Name:		Local No.:
Address:		Phone No.:
Town/City:	Province:	Postal Code:

PERSONAL STATEMENT

<p>1. I hereby confirm that I support this Application for Revocation of Certification to revoke the bargaining rights of the above-named Trade Union.</p> <p>2. I understand that if this Application is successful, I will no longer be represented by a Trade Union.</p> <p>3. I hereby authorise the Applicant to act as my representative in relation to those proceedings before the Labour Board.</p> <p>4. I confirm that I have signed this Personal Statement freely and voluntarily.</p>		
Signature: _____		Date of Signature: _____
First Name (<i>print</i>):	Last Name (<i>print</i>):	
Address:		
Town/City:	Province:	Postal Code:
Email address:	Phone No.:	

Revised: December 23, 2024