#### FORM 5

#### The Trade Union Act

# NOTICE OF INTERVENTION BEFORE THE LABOUR BOARD

## To: The Labour Board P.O. Box 202, Halifax, Nova Scotia

### IN THE MATTER OF THE APPLICATION OF

	(name of applicant)
*for the decertification of	
	(name of employer)
*for the revocation of certification of	
	(name of union)
as bargaining agent of employees of _	
	(name of employer)
the undersigned is interested in the Ap of interest)	plication for the following reasons: (State nature

and desires to oppose the Application upon the following grounds:

Signature(s)	
Name(s)	
Address(es)_	

(Note: Signatures, names and addresses are required for each person whose intervention is filed.)

\*Strike out if not applicable.