

FORM 6
The Trade Union Act

**APPLICATION FOR REVOCATION OF CERTIFICATION
BEFORE THE LABOUR BOARD**

Between:

Applicant

- and -

Respondent
(Trade Union)

Privacy Statement

Any personal information provided herein is collected under the authority of the *Trade Union Act* of Nova Scotia ("TUA") and the *Freedom of Information and Protection of Privacy Act* of Nova Scotia ("FOIPOP") for the purpose of processing your Application to the Labour Board. The collection, use and disclosure of this information is managed pursuant to FOIPOP and TUA. Any relevant information provided to the Board may in ordinary course be provided to all parties affected by the Application, subject to the discretion and policies of the Board.

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) authorized to represent the employees in relation to this Application: _____

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 (b) the certified union no longer represents a majority of the employees in the unit for which it was certified.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. **Each** employee you claim to represent who supports this application **must complete and sign** a separate **Confidential Personal Statement** (See Form 6A attached) stating that they support the Application for Revocation of Certification to revoke the bargaining rights of the above-named Trade Union and authorize the Applicant to act as their representative. The completed and signed Confidential Personal Statements must be attached to this Application.

Note: The Confidential Personal Statements must be signed freely and voluntarily. The statements must not be signed in the workplace or during times when the employee signing is being paid to work. Each Confidential Personal Statement must be completed clearly and in full and must be signed and dated. Incomplete Confidential Personal Statements may not be accepted by the Labour Board in support of this Application.

Please note that petitions (list of signatures on one sheet of paper) are no longer accepted as evidence of employee wishes.

Note: Any employee, or group of employees, who has filed an Application of Revocation of Certification may be required to attend at a hearing in person or by a representative.

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.)

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

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 and signed and dated.
An incomplete Personal Statement will not be processed.**

Trade Union Information

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

Employer Information

Full Name:		
Address:	Town/City/Prov.:	Postal Code:

Personal Statement

<p>1. I hereby confirm that I support the accompanying Application for Revocation of Certification to revoke the bargaining rights of the above-named Trade Union.</p> <p>2. I hereby authorise the Applicant named on the accompanying Application for Revocation of Certification to act as my representative in relation to those proceedings before the Labour Board.</p> <p>3. I confirm that I have signed this Personal Statement freely and voluntarily.</p> <p>4. I confirm that I have not signed this Personal Statement in my workplace or during time when I am paid to work.</p>		
Signature:	Date of Signature:	
First Name:	Last Name:	
Address:	Town/City/Prov.:	Postal Code:
Telephone No.:	Cell No.:	Email Address: