



**MANITOBA LABOUR BOARD**

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www.manitoba.ca/labour/labbrd

**FORM I: Application for Certification**

**THE LABOUR RELATIONS ACT**

Name of Employer: \_\_\_\_\_

Name of Applicant Union: \_\_\_\_\_

1. Description of Unit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Approximate number of employees in the unit applied for \_\_\_\_\_

3. Number of employees who wish to have the Applicant represent them \_\_\_\_\_

4. Attached list marked “L” is a correct alphabetically arranged list of the affected employees who at the date of application wish to have the Applicant represent them and herewith produced are original records constituting proof of their wishes.

5. Name and address of any other union(s) claiming to represent any or all of the employees in the unit applied for.

6. The date and scope of any other certification of a bargaining agent for any of the employees of the employer.

7. If any collective agreement exists or has recently expired, affecting any of the employees of the employer, give its effective date.

expiry date  
(File copy of agreement if available)

8. The Applicant asserts that it has complied with all relevant provisions of *The Labour Relations Act* and Regulations thereunder in respect to the making of an application for certification.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 .

(Name of Union)

per

*Form A to be filed herewith*