

PROVINCE OF NEW BRUNSWICK

FILE NO. \_\_\_\_\_



Industrial Relations Act  
(R.S.N.B., c. I-4)

REPLY TO APPLICATION FOR CERTIFICATION  
BEFORE THE LABOUR AND EMPLOYMENT BOARD

Between:

Applicant,

-and-

Respondent.

The respondent replies to the application for certification made pursuant to section 10 of the Act in the above matter, and dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, as follows:

The respondent states:

1. (a) Correct name of respondent:

(b) Address of respondent:

(c) Address of respondent for service:

(d) The respondent \*is a member of an employers' organization affected by the application.

\*is not

\*(e) The name and address of the employers' organization of which the respondent is a member is:

2. General nature of the respondent's business:

3. Number of employees in the unit described by the applicant as being appropriate for collective bargaining as of the date the application was made:

4. Total number of employees of the respondent on the payroll of the plant(s) or establishment(s) in respect of which the application was made as of the date the application was made:

\*5. (Where the application for certification was made for a unit of two or more employers and is subject to section 17 of the Act). The respondent \*does consent to the application.  
\*does not

N.B. The application will be processed as made with consent unless the respondent clearly indicates that it DOES NOT consent by striking out the word DOES.

\*6 (Where the consent of the Board is requested for an early application as set out in paragraph 10 of the application). The respondent \*does oppose the application and desires to make the following submissions:  
\*does not

7. Detailed description of the bargaining unit claimed by the respondent to be appropriate for collective bargaining, including (as applicable) the municipality or other geographic area affected:

8. Number of employees in the unit claimed by the respondent to be appropriate for collective bargaining as of the date the application was made:

9. (a) The name and address of any trade union or council of trade unions known to the respondent as claiming to be the bargaining agent of or to represent any employees who may be affected by the application made:

(b) Other particulars known to the respondent as to the claim set out in clause (a), including particulars known to the respondent of any certification, as to whether any declaration has issued terminating bargaining rights, and as to the termination of any collective agreement:

\*10. The respondent is or was a party to or bound by a recognition agreement, a copy of which is enclosed, with a trade union or council of trade unions that,

(a) was made between the following parties:

(b) was signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ ;

(c) became effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ ;

(d) contains the following provision relating to its termination or renewal:

\*11. The respondent is or was a party to or bound by a collective agreement, a copy of which is enclosed, with a trade union or council of trade unions that,

(a) was made between the following parties:

(b) was signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ ;

(c) became effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ ;

(d) contains the following provision relating to its termination or renewal:

12. With respect to the application of section 11 of the Act to the application, the respondent submits the following statement of particulars with respect to each subsection thereof:

13. The respondent does not contest the following matters raised on the application:

14. The respondent contests the following matters raised on the application and desires to make the following submissions:

\*15. Other relevant statements:

\*16. Additional pages annexed or attached:

(a) Number of pages:

(b) Paragraph numbers of this form completed on the additional pages:

\*17 In addition to the normal service of documents relating to this reply, the respondent requests that copies be forwarded as follows (name and address):

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

\_\_\_\_\_  
(Signature and office)

\_\_\_\_\_  
(Signature and office)

N.B. This form must be completed and signed in accordance with provisions made in the Act and under the rules of the Board.

\*Strike out if not applicable