



# ONTARIO LABOUR RELATIONS BOARD

## RESPONSE/INTERVENTION – APPLICATION FOR ACCREDITATION CONSTRUCTION INDUSTRY *Labour Relations Act, 1995*

Form A-93

Fields marked with an asterisk (\*) are mandatory.

Confirmation No. [20231109123318703](#)

OLRB File Number [1468-23-R](#)

**Between: \***

[Concrete Cutting & Drilling Association of Ontario](#)

**Applicant**

- and -

[Labourers' International Union of North America, Ontario Provincial District Council and its affiliated Local Unions 183, 493, 506, 527, 607, 625, 837, 1036, 1059, and 1089](#)

**Responding Party**

- Review Information Bulletin No. 33 – “Accreditation in the Construction Industry under s.136 of the *Labour Relations Act*, 1995 (Non-ICI)”, the Filing Guide and the Board’s Rules of Procedure on acceptable methods of delivery and filing **before** completing this form to avoid any delay in processing.
- All forms, Notices, Information Bulletins, the Filing Guide and the Rules of Procedure may be obtained from the Board’s website (<http://www.olrb.gov.on.ca>).
- To print a paper copy of this form, use **only** the “Print” buttons located within the form.
- Save a copy of your completed form and any attachments as the Board will not return them to you. To save the form at any time, use the “Save” buttons located within the form.
- If there is insufficient space on the form, attach additional pages clearly identifying the relevant section of the form. For e-filing, you may attach files by selecting the “Attach documents electronically” option.

**Choose one of the following \***



**Response**



**Intervention**

### Part A Contact Information

#### Instructions

- Provide the contact information for each Responding Party/Intervenor on whose behalf this form is being completed and any Affected Party not previously named in the application below. If you wish to add additional parties, use the “Add” button or attach a separate page if completing the form by hand.
- For an organization, provide the name and contact information of an individual who will be able to respond on behalf of that organization. When adding multiple individuals at the same organization, “Add” an additional contact section, repeat the organization name and provide that individual’s contact information (e.g. name, email address, phone number).

## 1 (a). Responding Party/Intervenor

### Responding Party 1

Type \* ☒ Organization ☐ Individual

Organization Name

Labourers' International Union of North America, Ontario Provincial District Council

First Name Jack	Last Name Oliveira	Position/Title Business Manager
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Full Address (Number, Street, Unit/Apartment, Building Name) 1315 North Service Road East	Other Address Details (e.g. PO Box, R.R. #, c/o) Suite 701
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City/Town Oakville	Province/State ON	Country Canada	Postal/Zip Code L6H 1A7
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Telephone Number 289 291-3678	Ext.	Fax Number 289 291-1120	Email Address joliviera@liunaopdc.org
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Paul Hickey, Assistant Business Manager, Email: phickey@liunaopdc.org; Contact info same as above

Michael Mancinelli, Business Representative, Email: mmancinelli@liunaopdc.org; Contact info same as above

### Responding Party 2

Type \* ☒ Organization ☐ Individual

Organization Name

Labourers' International Union of North America, Local 183

First Name Jack	Last Name Oliveira	Position/Title Business Manager
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Full Address (Number, Street, Unit/Apartment, Building Name) 1263 Wilson Avenue	Other Address Details (e.g. PO Box, R.R. #, c/o) Suite 200
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City/Town North York	Province/State ON	Country Canada	Postal/Zip Code M3M 3G3
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Telephone Number 416 241-1183	Ext.	Fax Number 416 241-9845	Email Address joliveira@local183.ca
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

dfernandes@liuna183.ca

### Responding Party 3

Type \* ☒ Organization ☐ Individual

Organization Name

Labourers' International Union of North America, Local 493

First Name Mike	Last Name Ryan	Position/Title Business Manager
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Full Address (Number, Street, Unit/Apartment, Building Name) 584 Clinton Avenue	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town Sudbury	Province/State ON	Country Canada	Postal/Zip Code P3B 2T2
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Telephone Number 705 674-2515	Ext.	Fax Number 7056746728	Email Address mryan@liunalocal493.ca
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

bingriselli@liunalocal493.ca

#### Responding Party 4

Type \* ☒ Organization ☐ Individual

Organization Name

[Labourers' International Union of North America, Local 506](#)

First Name <a href="#">Carmen</a>	Last Name <a href="#">Principato</a>	Position/Title <a href="#">Business Manager</a>
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Full Address (Number, Street, Unit/Apartment, Building Name) <a href="#">3750 Chesswood Drive</a>	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town <a href="#">Toronto</a>	Province/State <a href="#">ON</a>	Country <a href="#">Canada</a>	Postal/Zip Code <a href="#">M3J 2W6</a>
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Telephone Number <a href="#">416 638-0506</a>	Ext.	Fax Number <a href="#">416 638-1334</a>	Email Address <a href="#">carmenp@local506.ca</a>
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)  
[moniques@local506.ca](#)

#### Responding Party 5

Type \* ☒ Organization ☐ Individual

Organization Name

[Labourers' International Union of North America, Local 527](#)

First Name <a href="#">Luigi</a>	Last Name <a href="#">Carrozzi</a>	Position/Title <a href="#">Business Manager</a>
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Full Address (Number, Street, Unit/Apartment, Building Name) <a href="#">6 Corvus Court</a>	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town <a href="#">Ottawa</a>	Province/State <a href="#">ON</a>	Country <a href="#">Canada</a>	Postal/Zip Code <a href="#">K2E 7Z4</a>
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Telephone Number <a href="#">613 521-6565</a>	Ext.	Fax Number <a href="#">613 521-6580</a>	Email Address <a href="#">luigic@liunlocal527.com</a>
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)  
[Rosinag@liunlocal527.com](#)

#### Responding Party 6

Type \* ☒ Organization ☐ Individual

Organization Name

[Labourers' International Union of North America, Local 607](#)

First Name <a href="#">Terry</a>	Last Name <a href="#">Varga</a>	Position/Title <a href="#">Business Manager</a>
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Full Address (Number, Street, Unit/Apartment, Building Name) <a href="#">730 Balmoral Street</a>	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town <a href="#">Thunder Bay</a>	Province/State <a href="#">ON</a>	Country <a href="#">Canada</a>	Postal/Zip Code <a href="#">P7C 5V3</a>
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Telephone Number <a href="#">807 622-0607</a>	Ext.	Fax Number <a href="#">807 622-0454</a>	Email Address <a href="#">tvarga@liunlocal607.ca</a>
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)  
[info@liunlocal607.ca](#)

#### Responding Party 7

Type \* ☒ Organization ☐ Individual

Organization Name <b>Labourers' International Union of North America, Local 625</b>			
First Name <b>Robert</b>		Last Name <b>Petroni</b>	
		Position/Title <b>Business Manager</b>	
Full Address (Number, Street, Unit/Apartment, Building Name) <b>2155 Fasan Drive RR #1</b>			Other Address Details (e.g. PO Box, R.R. #, c/o)
City/Town <b>Oldcastle</b>	Province/State <b>ON</b>	Country <b>Canada</b>	Postal/Zip Code <b>N0R 1L0</b>
Telephone Number <b>519 737-0373</b>	Ext.	Fax Number <b>519 737-0380</b>	Email Address <b>rpetroni@liuna625.ca</b>
Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) <b>czaharchuk@liuna625.ca</b>			

### Responding Party 8

Type *	<input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Individual
Organization Name <b>Labourers' International Union of North America, Local 837</b>		
First Name <b>Riccardo</b>		Last Name <b>Persi</b>
		Position/Title <b>Business Manager</b>
Full Address (Number, Street, Unit/Apartment, Building Name) <b>170 Jackson Street East</b>		Other Address Details (e.g. PO Box, R.R. #, c/o)
City/Town <b>Hamilton</b>	Province/State <b>ON</b>	Country <b>Canada</b>
Postal/Zip Code <b>L8N 1L4</b>		
Telephone Number <b>905 529-1116</b>	Ext.	Fax Number <b>905 529-2723</b>
Email Address <b>rpersi@liuna837.ca</b>		
Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) <b>ndufraimont@liuna837.ca</b>		

### Responding Party 9

Type *	<input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Individual
Organization Name <b>Labourers' International Union of North America, Local 1036</b>		
First Name <b>Wayne</b>		Last Name <b>Scott</b>
		Position/Title <b>Business Manager</b>
Full Address (Number, Street, Unit/Apartment, Building Name) <b>395 Korah Road</b>		Other Address Details (e.g. PO Box, R.R. #, c/o)
City/Town <b>Sault Ste. Marie</b>	Province/State <b>ON</b>	Country <b>Canada</b>
Postal/Zip Code <b>P6C 4H5</b>		
Telephone Number <b>705 942-1036</b>	Ext.	Fax Number <b>705 942-1015</b>
Email Address <b>local1036@shaw.ca</b>		
Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)		

### Responding Party 10

Type *	<input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Individual
Organization Name <b>Labourers' International Union of North America, Local 1059</b>		

First Name <b>Brandon</b>		Last Name <b>Mackinnon</b>		Position/Title <b>Business Manager</b>	
Full Address (Number, Street, Unit/Apartment, Building Name) <b>635 Wilton Grove Road</b>				Other Address Details (e.g. PO Box, R.R. #, c/o)	
City/Town <b>London</b>		Province/State <b>ON</b>		Country <b>Canada</b>	
Postal/Zip Code <b>N6N 1N7</b>					
Telephone Number <b>519 455-8083</b>		Ext. 		Fax Number <b>519 455-0712</b>	
		Email Address <b>bmackinnon@liuna1059.ca</b>			
Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) <b>fcamara@liuna1059.ca</b>					

## Responding Party 11

Type \* ☒ Organization ☐ Individual

Organization Name

**Labourers' International Union of North America, Local 1089**

First Name <b>Tony</b>		Last Name <b>Valenti</b>		Position/Title <b>Business Manager</b>	
Full Address (Number, Street, Unit/Apartment, Building Name) <b>1255 Confederation Street</b>				Other Address Details (e.g. PO Box, R.R. #, c/o)	
City/Town <b>Sarnia</b>		Province/State <b>ON</b>		Country <b>Canada</b>	
Postal/Zip Code <b>N7S 4M7</b>					
Telephone Number <b>519 332-1089</b>		Ext. 		Fax Number <b>519 332-6378</b>	
		Email Address <b>tony@liuna1089.org</b>			
Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) <b>kim@liuna1089.org</b>					

## 1 (b). Representative/Contact Person for the Responding Party/Intervenor

### Contact 1

Contact Person for \* ☒ All Parties above ☐ Party No.(s) \_\_\_\_\_

Indicate if this person is a ☒ Lawyer ☐ Paralegal

Organization Name

**Labourers' International Union of North America, Ontario Provincial District Council**

First Name <b>Yu-Sung</b>		Last Name * <b>Soh</b>		Position/Title <b>Senior Legal Counsel</b>	
Full Address (Number, Street, Unit/Apartment, Building Name) <b>1315 North Service Road East</b>				Other Address Details (e.g. PO Box, R.R. #, c/o) <b>Suite 701</b>	
City/Town <b>Oakville</b>		Province/State <b>ON</b>		Country <b>Canada</b>	
Postal/Zip Code <b>L6H 1A7</b>					
Telephone Number <b>289 291-3678</b>		Ext. <b>353</b>		Fax Number <b>289 291-1120</b>	
		Email Address <b>ysoh@liunaopdc.org</b>			
Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) <b>Analisa Persi, Counsel - apersi@liunaopdc.org</b>					

**Arden French, Assistant - afrench@liunaopdc.org**

## 2 (a). Affected Party

Contact information for any person, trade union, employer or employers' organization which may be affected by the application and which has not already been identified by another party must be completed below.

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**2 (b). Representative/Contact Person for the Affected Party, if known**

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**2 (c). The person, trade union, employer or employers' organization named above is affected by the application for the following reason(s):**

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**Part B Material Facts and Position on Relief Sought**

**3. Provide a detailed description of unit of employers claimed by the Responding Party to be appropriate for accreditation:**

Reference **must** be made to the sector(s) of the construction industry and the geographic area(s) or parts thereof claimed. If you require more space, attach a separate document.

The responding party agrees with the amended bargaining unit of employers set out in the applicant's letter dated October 11, 2023 and agrees that it is appropriate.

At Schedule "A", the responding party has reproduced that description with one correction of a typographical error.

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**4. Provide representations as to the appropriateness of the unit described in question 3 including the history of collective bargaining, if any, of the Applicant and the Responding Party:**

If you require more space, attach a separate document.

See attached Schedule "B"

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**5. State the number of employers in the unit described by the Applicant as being appropriate for accreditation as of the date the application was made:**

Forty-Three (43)

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**6. State the number of employers in the unit claimed by the Responding Party to be appropriate for accreditation as of the date the application was made:**

Forty-Three (43)

7. State the approximate number of members of the Responding Party working in the area(s) and sector(s) described in the unit of employers claimed by the Applicant to be appropriate as of the date the application was made:

Approximately Four Hundred and Seven (407)

8. In respect of the order(s) requested by the Applicant, the Responding Party states:

See attached Schedule "B"

9. Other relevant statements:

See attached Schedule "B"

10. Attached documents:

Provide a list of the documents you are filing together with this form as instructed below.

Name your documents/attachments so that they are easily identifiable.

If you are e-filing this form, select the "Attach documents electronically" option below and attach each document using the "Add File" button.

If you are filing in a manner other than e-filing, provide the numbered list of documents in the box below.

☒ Attach documents electronically

Note: If your attachments exceed 15MB, you may not e-file. File a paper copy of this form with all attachments using an alternative method permitted by the Board's Rules of Procedure.

No.	File	Description	Size (MB)	
1	2023-11-09 - Letter to OLRB filing Response	Letter to OLRB	0.22	<input type="checkbox"/>
2	2023-11-09 - Attachments to A-93 Response	Schedules A B and C and Appendix A	1.21	<input type="checkbox"/>
		Total Size	1.43	
		Total space left over	13.57	
		Number of attachments	2	

## IMPORTANT NOTES

The Board's forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website <http://www.olrb.gov.on.ca> or by calling 416-326-7500 or toll-free at 1-877-339-3335.

### FRENCH OR ENGLISH

Vous avez le droit de communiquer et recevoir des services en français et en anglais. La Commission n'offre pas de services d'interprétation dans les langues autres que le français et l'anglais.

You have the right to communicate and receive services in either English or French. The Board does not provide translation services in languages other than English or French.

### CHANGE OF CONTACT INFORMATION

Notify the Board immediately of any change in your contact information. If you fail to do so, correspondence sent to your last known address (including email) may be deemed to be reasonable notice to you and the case may proceed in your absence.

### ACCESSIBILITY AND ACCOMMODATION

The Board is committed to providing an inclusive and accessible environment in which all members of the public have equitable access to our services. We will aim to meet our obligations under the *Accessibility for Ontarians with Disabilities Act* in a timely manner. Please advise the Board if you require any accommodation to meet your individual needs. The Board's Accessibility Policy can be found on its website.

### COLLECTION AND DISCLOSURE OF INFORMATION AND DOCUMENTS

Any relevant information that you provide to the Board must in the normal course be provided to the other parties to the proceeding. Personal information collected on this form and in written or oral submissions may be used and disclosed for the proper administration of the Board's governing legislation and case processing. In addition, the *Tribunal Adjudicative Records Act, 2019* requires that the Board make adjudicative records (which include applications filed and a listing of such applications) available to the public. The Board has the power to make part or all of an adjudicative record confidential. The *Freedom of Information and Protection of Privacy Act* may also address the treatment of personal information. More information is available on the Board's website [www.olrb.gov.on.ca](http://www.olrb.gov.on.ca). If you have any questions concerning the collection of information or disclosure of adjudicative records, contact the Solicitors' Office at the number listed above or in writing to the OLRB, 505 University Ave., 2nd floor, Toronto, ON M5G 2P1.

### E-FILING AND E-MAIL

The Rules of Procedure and Filing Guide set out the permitted methods of filing. **In the event of emergencies or other circumstances, the Board may post a Notice to Community on its website, which will prevail over the Rules of Procedure and Filing Guide. You should check the Board's website prior to filing.** Note that the e-filing system is not encrypted. Contact the Client Services Coordinator at the numbers listed above if you have questions regarding e-filing or other filing methods. If you provide an e-mail address with your contact information, the Board will in most cases communicate with you by e-mail from an out-going only generic account. Incoming emails are not permitted.

### HEARINGS AND DECISIONS

Hearings are open to the public unless the Board decides that matters involving public security may be disclosed or if it believes that disclosure of financial or personal matters would be damaging to any of the parties. Hearings are not recorded and no transcripts are produced.

The Board issues written decisions, which may include the name and personal information about persons appearing before it. Decisions are available to the public from a variety of sources including the Ontario Workplace Tribunals Library and [www.canlii.org](http://www.canlii.org). Some summaries and decisions may be found on the Board's website.



## Documents to be Delivered

Before filing your response/intervention with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application and to each Affected Party named in Part A of a response/intervention filed by another party:

- A completed copy of this Response/Intervention - Application for Accreditation, Construction Industry (Form A-93), **including all documents you are filing with this form.**

If you have named an Affected Party in Part A of your response/intervention that was **not** named in the application or in a response/intervention filed by another party, you must deliver the following documents to that party:

- A completed copy of the Application for Accreditation, Construction Industry (Form A-92), **including all documents filed with that form;**
- A completed copy of this Response/Intervention - Application for Accreditation, Construction Industry (Form A-93), **including all documents you are filing with this form;** and
- A Notice to Responding Party and/or Affected party of Application for Accreditation, Construction Industry (Form C-39) **with the names of the parties and the date inserted.**

**Once the above-listed documents have been delivered to the other parties, you must complete the following Certificate of Delivery before filing the completed form and attachments with the Board.**

☒ I have reviewed this form to confirm it is complete \*

Date (yyyy/mm/dd) \*  
2023/11/09

## Certificate of Delivery

I, Arden French, Legal Assistant,

Name \*

Title

certify that the documents identified above were delivered to each of the parties as set out below:

**Note: You must complete delivery information for each party separately.**

Use the "Add" button below if completing electronically.

### Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

Mathews, Dinsdale & Clark LLP

Attention: Andrew Reynolds and Erich Schafer

Address or fax number to which the documents were delivered \*

Email: areynolds@mathewsdinsdale.com and eschafer@mathewsdinsdale.com

### Method of delivery \*

☐ Hand Delivered ☐ Courier ☐ Fax ☐ Regular Mail ☒ Other

### Other Details \*

Please provide details as to whom, when and how the documents were delivered.

By email to areynolds@mathewsdinsdale.com and eschafer@mathewsdinsdale.com on November 9, 2023 at 12:30 pm

### Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

Mathews, Dinsdale & Clark LLP

Attention: Stephen McArthur

Address or fax number to which the documents were delivered \*

Email: smcarthur@mathewsdinsdale.com

### Method of delivery \*

☐ Hand Delivered ☐ Courier ☐ Fax ☐ Regular Mail ☒ Other

### Other Details \*

Please provide details as to whom, when and how the documents were delivered.

By email to smcarthur@mathewsdinsdale.com on November 9, 2023 at 12:30 pm

## File with the Board

- File the completed form and any attachments using a method permitted by the Board's Rules of Procedure.
- Save and Print a copy of your completed form and all attachments as the Board will not return them to you.
- To e-file, click the "Submit" button below. You will receive a confirmation email once the form has been successfully submitted.
- If you choose not to e-file, print this form by clicking on the "Print" button below and then file with the Board together with any attachments.

### For E-Filing only

You must provide a valid email address in order to file this form electronically so that a confirmation email may be sent to you. If you do not have a valid email address, file a paper copy of this form using an alternative method permitted by the Board's Rules of Procedure.

Submitted By:

First Name \*

Arden

Last Name \*

French

Email Address \*

afrench@liunaopdc.org

Confirm Email Address \*

afrench@liunaopdc.org