



# ONTARIO LABOUR RELATIONS BOARD

## APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY *Labour Relations Act, 1995*

Form A-92

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

Confirmation No. [20210604164106264](#)

**Between: \***

[Greater Toronto Sewer and Watermain Contractors Association](#)

**Applicant**

- and -

[International Union of Operating Engineers, Local 793](#)

**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.

### Part A Contact Information

#### Instructions

- Provide the contact information for each Applicant, Responding Party and Intervenor 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). Applicant****Applicant 1**Type \*  Organization  Individual

Organization Name

[Greater Toronto Sewer and Watermain Contractors Association](#)

|                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| First Name<br><a href="#">Patrick</a> | Last Name<br><a href="#">McManus</a> | Position/Title<br><a href="#">Executive Director</a> |
|---------------------------------------|--------------------------------------|--|

|  |  |
|--|--|
| Full Address (Number, Street, Unit/Apartment, Building Name)<br><a href="#">5045 Orbitor Drive, Unit 12, Suite 300</a> | Other Address Details (e.g. PO Box, R.R. #, c/o) |
|--|--|

|  |                                      |                                   |  |
|--|--------------------------------------|-----------------------------------|--|
| City/Town<br><a href="#">Mississauga</a> | Province/State<br><a href="#">ON</a> | Country<br><a href="#">Canada</a> | Postal/Zip Code<br><a href="#">L4W 4Y4</a> |
|--|--------------------------------------|-----------------------------------|--|

|  |                             |  |  |
|--|-----------------------------|--|--|
| Telephone Number<br><a href="#">905-629-7766</a> | Ext.<br><a href="#">229</a> | Fax Number<br><a href="#">905-629-0587</a> | Email Address<br><a href="#">patrick.mcmanus@oswca.org</a> |
|--|-----------------------------|--|--|

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

**1 (b). Representative/Contact Person for the Applicant****Contact 1**Contact Person for \*  All Parties above  Party No.(s) \_\_\_\_\_Indicate if this person is a  Lawyer  Paralegal

Organization Name

[Norton Rose Fulbright Canada LLP](#)

|                                       |  |  |
|---------------------------------------|--|--|
| First Name<br><a href="#">Richard</a> | Last Name *<br><a href="#">Charney</a> | Position/Title<br><a href="#">Senior Partner</a> |
|---------------------------------------|--|--|

|  |   |
|--|---|
| Full Address (Number, Street, Unit/Apartment, Building Name)<br><a href="#">222 Bay Street, Suite 3000</a> | Other Address Details (e.g. PO Box, R.R. #, c/o)<br><a href="#">PO Box 53</a> |
|--|---|

|                                      |                                      |                                   |  |
|--------------------------------------|--------------------------------------|-----------------------------------|--|
| City/Town<br><a href="#">Toronto</a> | Province/State<br><a href="#">ON</a> | Country<br><a href="#">Canada</a> | Postal/Zip Code<br><a href="#">M5K 1E7</a> |
|--------------------------------------|--------------------------------------|-----------------------------------|--|

|  |      |  |  |
|--|------|--|--|
| Telephone Number<br><a href="#">416-216-1867</a> | Ext. | Fax Number<br><a href="#">416-216-3930</a> | Email Address<br><a href="#">richard.charney@nortonrosefulbright.com</a> |
|--|------|--|--|

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

[Lauren Ditschun - Associate - lauren.ditschun@nortonrosefulbright.com](#)[Samantha Cass - Associate - samantha.cass@nortonrosefulbright.com](#)[Sheila Tracey - Legal Assistant - sheila.tracey@nortonrosefulbright.com](#)**2 (a). Responding Party****Responding Party 1**Type \*  Organization  Individual

Organization Name

[International Union of Operating Engineers, Local 793](#)

|                                    |                                     |  |
|------------------------------------|-------------------------------------|--|
| First Name<br><a href="#">Dave</a> | Last Name<br><a href="#">Turple</a> | Position/Title<br><a href="#">Vice President</a> |
|------------------------------------|-------------------------------------|--|

|  |  |
|--|--|
| Full Address (Number, Street, Unit/Apartment, Building Name)<br><a href="#">2245 Speers Rd</a> | Other Address Details (e.g. PO Box, R.R. #, c/o) |
|--|--|

|                                       |                                      |                                   |  |
|---------------------------------------|--------------------------------------|-----------------------------------|--|
| City/Town<br><a href="#">Oakville</a> | Province/State<br><a href="#">ON</a> | Country<br><a href="#">Canada</a> | Postal/Zip Code<br><a href="#">L6L 6X8</a> |
|---------------------------------------|--------------------------------------|-----------------------------------|--|

|                                  |      |                            |   |
|----------------------------------|------|----------------------------|---|
| Telephone Number<br>905-469-9299 | Ext. | Fax Number<br>905-465-4343 | Email Address<br>dturple@iuoelocal793.org |
|----------------------------------|------|----------------------------|---|

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

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

**Contact 1**

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

Indicate if this person is a  Lawyer  Paralegal

Organization Name

International Union of Operating Engineers, Local 793

|                       |                               |   |
|-----------------------|-------------------------------|---|
| First Name<br>Melissa | Last Name *<br>Atkins-Mahaney | Position/Title<br>Labour Relations Managr |
|-----------------------|-------------------------------|---|

|  |  |
|--|--|
| Full Address (Number, Street, Unit/Apartment, Building Name)<br>2245 Speers Rd | Other Address Details (e.g. PO Box, R.R. #, c/o) |
|--|--|

|                       |                      |                   |                            |
|-----------------------|----------------------|-------------------|----------------------------|
| City/Town<br>Oakville | Province/State<br>ON | Country<br>Canada | Postal/Zip Code<br>L6L 6X8 |
|-----------------------|----------------------|-------------------|----------------------------|

|                                  |              |                            |   |
|----------------------------------|--------------|----------------------------|---|
| Telephone Number<br>905-469-9299 | Ext.<br>2221 | Fax Number<br>905-465-4343 | Email Address<br>matkins@iuoelocal793.org |
|----------------------------------|--------------|----------------------------|---|

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

**3 (a). Affected Party**

Contact information for any person, trade union, employer or employer's organization which may be affected by the application must be completed below.

**Affected Party 1**

Type \*  Organization  Individual

Organization Name

Teamsters, Local 230

|                       |                        |                                  |
|-----------------------|------------------------|----------------------------------|
| First Name<br>Domenic | Last Name<br>Colangelo | Position/Title<br>Vice President |
|-----------------------|------------------------|----------------------------------|

|  |  |
|--|--|
| Full Address (Number, Street, Unit/Apartment, Building Name)<br>431 Alden Rd #15 | Other Address Details (e.g. PO Box, R.R. #, c/o) |
|--|--|

|                      |                      |                   |                            |
|----------------------|----------------------|-------------------|----------------------------|
| City/Town<br>Markham | Province/State<br>ON | Country<br>Canada | Postal/Zip Code<br>L3R 3L4 |
|----------------------|----------------------|-------------------|----------------------------|

|                                  |      |            |  |
|----------------------------------|------|------------|--|
| Telephone Number<br>416-570-8117 | Ext. | Fax Number | Email Address<br>domenic.colangelo@teamsters230.ca |
|----------------------------------|------|------------|--|

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

**Affected Party 2**

Type \*  Organization  Individual

Organization Name

Labourers' International Union of North America, Local 183

|   |                      |                            |  |                                      |
|---|----------------------|----------------------------|--|--------------------------------------|
| First Name<br>Ricardo   |                      | Last Name<br>Teixeira      |  | Position/Title<br>Sector Coordinator |
| Full Address (Number, Street, Unit/Apartment, Building Name)<br>1263 Wilson Ave, 3rd Floor West |                      |                            | Other Address Details (e.g. PO Box, R.R. #, c/o) |                                      |
| City/Town<br>Toronto  | Province/State<br>ON | Country<br>Canada          |  | Postal/Zip Code<br>M3M 3G3           |
| Telephone Number<br>905-809-5522  | Ext.                 | Fax Number<br>416-241-7607 | Email Address<br>rteixeira@liuna183.ca           |                                      |
| Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) |                      |                            |  |                                      |

### Affected Party 3

Type \*  Organization  Individual

Organization Name

Ontario Concrete and Drain Contractors Association

|   |                      |                            |  |                                      |
|---|----------------------|----------------------------|--|--------------------------------------|
| First Name<br>Robert  |                      | Last Name<br>Celsi         |  | Position/Title<br>Executive Director |
| Full Address (Number, Street, Unit/Apartment, Building Name)<br>400 Creditstone, Unit #6        |                      |                            | Other Address Details (e.g. PO Box, R.R. #, c/o) |                                      |
| City/Town<br>Concord  | Province/State<br>ON | Country<br>Canada          |  | Postal/Zip Code<br>L4K 3Z3           |
| Telephone Number<br>905-660-7676  | Ext.                 | Fax Number<br>905-660-7611 | Email Address<br>robert@ocdca.ca                 |                                      |
| Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) |                      |                            |  |                                      |

### 3 (b). Representative/Contact Person for the Affected Party, if known

#### Contact 1

Contact Person for \*  All Parties above  Party No.(s) 1

Indicate if this person is a  Lawyer  Paralegal

Organization Name

Watson Jacobs McCreary LLP

|   |                      |                            |   |                            |
|---|----------------------|----------------------------|---|----------------------------|
| First Name<br>J. David  |                      | Last Name *<br>Watson      |   | Position/Title<br>Partner  |
| Full Address (Number, Street, Unit/Apartment, Building Name)<br>4711 Yonge Street               |                      |                            | Other Address Details (e.g. PO Box, R.R. #, c/o)<br>Suite 509 |                            |
| City/Town<br>Toronto  | Province/State<br>ON | Country<br>Canada          |   | Postal/Zip Code<br>M2N 6K8 |
| Telephone Number<br>416-226-0055  | Ext.                 | Fax Number<br>416-226-0910 | Email Address<br>dwatson@wjm-law.ca                           |                            |
| Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) |                      |                            |   |                            |

#### Contact 2

Contact Person for \*  All Parties above  Party No.(s) 2

Indicate if this person is a  Lawyer  Paralegal

Organization Name

Labourers' International Union of North America, Local 183

First Name

Graham

Last Name \*

Williamson

Position/Title

Senior Counsel

Full Address (Number, Street, Unit/Apartment, Building Name)

1263 Wilson Ave, 3rd Floor West

Other Address Details (e.g. PO Box, R.R. #, c/o)

City/Town

Toronto

Province/State

ON

Country

Canada

Postal/Zip Code

M3M 3G3

Telephone Number

416-241-1183

Ext.

Fax Number

416-241-7607

Email Address

gwilliamson@liuna183.ca

Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

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

See attached Schedule "A".

## Part B Material Facts and Relief Sought

**4. In support of its status as an employers' organization, the Applicant files the following documents with this application:** (check all that apply)

Charter

Constitution

Bylaws

Other: Letters Patent

**5. The Responding Party Trade Union or Council of Trade Unions has been certified or has been granted voluntary recognition or has entered into a collective agreement with two or more employers in the unit of employers proposed by the Applicant. List at least two such employers and include the dates of the documents relied on:**

Armagh Contractors Ltd. and Atlas Dewatering Corporation - Collective Agreement between the Greater Toronto Sewer and Watermain Contractors Association and Council of Trade Unions, representing the Labourers' International Union of North America, Local 183 and the Teamsters, Local 230 - May 1, 2019 to April 30, 2022

See attached Applicant's Employer List.

**6. Provide a detailed description of the unit of employers that the Applicant claims 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.

See attached Schedule "A".

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**7. Provide representations as to the appropriateness of the unit described above, 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 "A".](#)

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**8. State the approximate number of employers in the unit described in question 6:**

46

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**9. List the employers in the unit described in question 6:**

If you require more space, attach a separate document.

[See attached Applicant's Employer List.](#)

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**10. State the approximate number of employees of employers in the unit described in question 6 on the payroll of each such employer for the weekly payroll period immediately preceding the date of this application:**

289-318

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**11. State the nature of the authority relied upon by the Applicant to act as bargaining agent for employers in the unit of employers:**

For example, authority to act as bargaining agent may, in the case of memberships in the Applicant, stem from the Applicant's constitution or by laws; or in the case of members or non-members, from a specific authorization by an employer.

[See attached Schedule "A".](#)

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**12. Other relevant statements:**

[See attached Schedule "A".](#)

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**13. 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 7MB, 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   | Ltr to Gilbert June 4 2021.pdf |                       | 0.04      | <input checked="" type="checkbox"/> |
| 2   | Form A-139 signed.pdf          |                       | 0.38      | <input checked="" type="checkbox"/> |
| 3   | Schedule A.pdf                 |                       | 0.06      | <input checked="" type="checkbox"/> |
|     |                                | Total Size            | 0.48      |                                     |
|     |                                | Total space left over | 6.52      |                                     |
|     |                                | Number of attachments | 3         |                                     |

## DECLARATION

I, Patrick McManus, the Executive Director of the Applicant  
(name) (office)

herein, declare that:

1. I have knowledge of the affairs of the Applicant;
2. The Applicant is an employers' organization that represents employers who operate businesses in the construction industry.

Date (yyyy/mm/dd): 2021/06/04

If you are not submitting this form electronically, sign below.

\_\_\_\_\_  
Signature

If you are submitting this form electronically, check this box in the place of your signature affirming your declaration.



## 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. Forms and submissions may be filed with the Board by a variety of methods including the Board's e-filing system, but not by e-mail. Note that the e-filing system is not encrypted and e-filing is optional. 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 application with the Board, you must deliver the following documents to each Responding Party and Affected Party named in Part A of this application:

- A completed copy of this Application for Accreditation, Construction Industry (Form A-92), **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**.

**Note to each Responding Party and Affected Party:** The documents listed above should have been delivered to you by the Applicant. The applicable response/intervention form is **Form A-93**.

**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) \*

2021/06/04

## Certificate of Delivery

I, Lauren Ditschun, Associate,  
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 \*  
International Union of Operating Engineers, Local 793  
Attn: Dave Turple, Vice-President and Melissa Atkins-Mahaney, Labour Relations Manager

Address or fax number to which the documents were delivered \*  
matkins@iuoelocal793.org and dturple@iuoelocal793.org

### 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.  
Delivered by email on June 4, 2021 at 4:30 PM.

### Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*  
Teamsters, Local 230  
Attn: Domenic Colangelo, Vice-President

Address or fax number to which the documents were delivered \*  
domenic.colangelo@teamsters230.ca

### 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.  
Delivered by email on June 4, 2021 at 4:30 PM.

### Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*  
Teamsters, Local 230 c/o Watson Jacobs McCreary LLP  
Attn: J. David Watson

Address or fax number to which the documents were delivered \*  
dwatson@wjm-law.ca

### 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.  
Delivered by email on June 4, 2021 at 4:30 PM.

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**Delivered To**

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

[Labourers' International Union of North America, Local 183](#)

[Attn: Ricardo Teixeira, Sector Coordinator and Graham Williamson, Senior Counsel](#)

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

[rteixeira@liuna183.ca](mailto:rteixeira@liuna183.ca) and [gwilliamson@liuna183.ca](mailto:gwilliamson@liuna183.ca)

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**Method of delivery \***

Hand Delivered  Courier  Fax  Regular Mail  Other

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**Other Details \***

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

[Delivered by email on June 4, 2021 at 4:30 PM.](#)

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**Delivered To**

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

[Ontario Concrete and Drain Contractors Association](#)

[Attn: Robert Celsi, Executive Director](#)

---

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

[robert@ocdca.ca](mailto:robert@ocdca.ca)

---

**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.

[Delivered by email on June 4, 2021 at 4:30 PM.](#)

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## 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 *   | Last Name *  |
| <a href="#">Lauren</a>   | <a href="#">Ditschun</a>   |
| Email Address *  | Confirm Email Address *  |
| <a href="mailto:lauren.ditschun@nortonrosefulbright.com">lauren.ditschun@nortonrosefulbright.com</a> | <a href="mailto:lauren.ditschun@nortonrosefulbright.com">lauren.ditschun@nortonrosefulbright.com</a> |