



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. [20240627143656831](#)

Between: *

METROPOLITAN TORONTO APARTMENT BUILDERS' ASSOCIATION

Applicant

- and -

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 183

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

Metropolitan Toronto Apartment Builders' Association

First Name Richard	Last Name Lyll	Position/Title Executive Director
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Full Address (Number, Street, Unit/Apartment, Building Name) 25 North Rivermede Road	Other Address Details (e.g. PO Box, R.R. #, c/o) Unit 13
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City/Town Vaughan	Province/State Ontario	Country Canada	Postal/Zip Code L4K 5V4
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Telephone Number 905-760-7777	Ext.	Fax Number 905-760-7718	Email Address lyll@rescon.com
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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

Filion Wakely Thorup Angeletti LLP

First Name Carl	Last Name * Peterson	Position/Title Counsel
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Full Address (Number, Street, Unit/Apartment, Building Name) 1 King Street West	Other Address Details (e.g. PO Box, R.R. #, c/o) Suite 1201
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City/Town Hamilton	Province/State ON	Country Canada	Postal/Zip Code L8P 4W9
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Telephone Number 905 972-6870	Ext.	Fax Number 905 577-0805	Email Address cpeterson@filion.on.ca
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Counsel: Danny Parker - dparker@filion.on.ca

Assistant: Gina Radin - gradin@filion.on.ca

2 (a). Responding Party**Responding Party 1**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 100
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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@liuna183.ca
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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

Labourers' International Union of North America, Local 183

First Name Graham	Last Name * Williamson	Position/Title General Counsel
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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 100
--	---

City/Town 1263 Wilson Avenue	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 gwilliamson@liuna183.ca
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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.

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

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

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:

1. Dermil Limited

2. Tribute Communities Inc.

Each of the above companies is signatory with the Responding Party Trade Union to a Collective Agreement executed between the Responding Party Trade Union and the Metropolitan Toronto Apartment Builders' Association, effective from May 1, 2022 to April 30, 2025.

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 Schedule "A", Tab 3 and 4 attached hereto.

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 Schedule "A" attached hereto.

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

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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 Schedule "A", Tab 8 attached hereto.

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:

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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.
[The By-Laws and Letters Patent of the Metropolitan Toronto Apartment Builders Association and the Authorization Forms signed by its members authorize the Applicant to act as the bargaining agent for employers in the unit and to apply for accreditation in that capacity.](#)

12. Other relevant statements:

[Enclosed are the Applicant's By-Laws, Letters Patent, and the Collective Agreement between the Respondent Union and the Metropolitan Toronto Apartment Builders Association.](#)

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 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	2024-06-27 Ltr to C. Gilbert Registrar re A	Ltr with Link to attachments to Form A-92	0.35	<input type="checkbox"/>
		Total Size	0.35	
		Total space left over	14.65	
		Number of attachments	1	

DECLARATION

I, Danny Parker, the Counsel 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): 2024/06/27

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. 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. 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.

<input checked="" type="checkbox"/> I have reviewed this form to confirm it is complete *	Date (yyyy/mm/dd) * 2024/06/27
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Certificate of Delivery

I, Gina Radin, 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 *

Mr. Jack Oliveira, Labourers' International Union of North America, Local 183

Address or fax number to which the documents were delivered *

via fax 416-241-9845 and email joliveira@liuna183.ca

Method of delivery *

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

Fax Details *

The documents were delivered by fax on 2024/06/27, at 1 : 56 ☐ a.m. ☒ p.m.

Other Details *

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

via email joliveira@liuna183.ca

Delivered To

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

Mr. Graham Williamson, Labourers' International Union of North America, Local 183

Address or fax number to which the documents were delivered *

Via Fax: 416-241-9845 and email: gwilliamson@liuna183.ca

Method of delivery *

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

Fax Details *

The documents were delivered by fax on 2024/06/27, at 1 : 56 ☐ a.m. ☒ p.m.

Other Details *

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

via email: gwilliamson@liuna183.ca

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 *

Gina

Last Name *

Radin

Email Address *

gradin@filion.on.ca

Confirm Email Address *

gradin@filion.on.ca