



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. [20250801104140813](#)

Between: *

[Ontario Association of Demolition Contractors](#)

Applicant

- and -

[The 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.

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

Ontario Association of Demolition Contractors

First Name Margaret	Last Name Taylor	Position/Title
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Full Address (Number, Street, Unit/Apartment, Building Name) 70 Leek Crescent	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town Richmond Hill	Province/State ON	Country Canada	Postal/Zip Code L4B 1H1
Telephone Number 289-485-1017	Ext. 	Fax Number 416-613-0227	Email Address MTaylor@oadc.ca

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

Crawford Chondon & Partners LLP

First Name Jay	Last Name * Rider	Position/Title Counsel
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Full Address (Number, Street, Unit/Apartment, Building Name) 6985 Financial Drive, Suite 503	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town Mississauga	Province/State ON	Country Canada	Postal/Zip Code L5N 0G3
Telephone Number 905-874-9343	Ext. 228	Fax Number 905-874-1384	Email Address JRider@ccpartners.ca

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

Caroline Kennedy, Law Clerk to Jay Rider

Tel: 905-874-9343 ext. 221

E-mail: CKennedy@ccpartners.ca

Contact 2Contact Person for * ☒ All Parties above ☐ Party No.(s) _____Indicate if this person is a ☒ Lawyer ☐ Paralegal

Organization Name

Crawford Chondon & Partners LLP

First Name Mike	Last Name * MacLellan	Position/Title Counsel
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Full Address (Number, Street, Unit/Apartment, Building Name) 6985 Financial Drive, Suite 503	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town Mississauga	Province/State ON	Country Canada	Postal/Zip Code L5N 0G3
Telephone Number 905-874-9343	Ext. 251	Fax Number 905-874-1384	Email Address MMacLellan@ccpartners.ca

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

Caroline Kennedy, Law Clerk to Mike MacLellan

Tel: 905-874-9343 ext. 221

E-mail: CKennedy@ccpartners.ca

2 (a). Responding Party

Responding Party 1

Type * ☒ Organization ☐ Individual

Organization Name

Labourers' International Union of North America, Ontario Provincial District Council and its affiliated Local Unions 183

First Name	Last Name	Position/Title
Sean	McFarling	

Full Address (Number, Street, Unit/Apartment, Building Name)	Other Address Details (e.g. PO Box, R.R. #, c/o)
1315 North Service Road East	

City/Town	Province/State	Country	Postal/Zip Code
Oakville	ON	Canada	L6H 1A7

Telephone Number	Ext.	Fax Number	Email Address
289-291-3678	354		smcfarling@liunaopdc.org

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

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

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, Provincial Collective Agreement for Demolition and the ratified 2025 MOA

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- 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:**

Priestly Demolition Inc. (Wrecking Tie-In Agreement signed February 8, 1994)

Delsan-Aim Environmental Services Inc. (Wrecking Tie-In Agreement signed May 12, 2010)

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- 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" attached.

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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.

The Applicant is the Designated Employer Bargaining Agency for all employers engaged in the wrecking, demolition, dismantling or salvage of buildings and structures and where employees are represented by the Responding Party. The Applicant and the Responding Party have for more than fifty (50) years bargained a province wide all sector collective agreement (the "Provincial Demolition Agreement"). All of the employers listed work under the Provincial Demolition Agreement, employ members of the Responding Party and remit Industry Funds to the Applicant. The Applicant bargains the Provincial Demolition Agreement on behalf of its member contractors who by law and practice have delegated bargaining authority to the Applicant. Copies of the most recently published Provincial Collective Agreement for Demolition and the ratified 2025 Memorandum of Agreement for a new collective agreement are attached.

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

Fifty-nine (59)

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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 "B" attached.

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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:**

One thousand two hundred and sixty-five (1265)

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.
[By-Laws](#), [Collective Agreement](#), [Affirmation Letters](#) and [Contractors Hours & Revenue Report](#)

12. Other relevant statements:

[Not at this time, however, the Applicant reserves the right to make further submissions in the future as it deems appropriate.](#)

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	Ltr to OLRB Aug 1 2025.pdf	Re: e-Filing Form A-92 & Link to Tabs 1-7	0.19	<input type="checkbox"/>
2	Schedule's A and B.pdf	Schedule's "A" and "B"	0.24	<input type="checkbox"/>
3	Notice to Responding Party Form C-39.PDF		0.17	<input type="checkbox"/>
		Total Size	0.6	
		Total space left over	14.4	
		Number of attachments	3	

DECLARATION

I, Margaret Taylor, 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): 2025/08/01

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) * 2025/08/01
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Certificate of Delivery

I, Caroline Kennedy, Law Clerk,
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 *

LiUNA, OPDC

Attn: Sean McFarling

Address or fax number to which the documents were delivered *

Email: smcfarling@liunaopdc.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 via email to: smcfarling@liunaopdc.org on August 1, 2025 at 10:33am, on Consent of the Responding Party in accordance with the Board's Rules of Procedure

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 *
Caroline	Kennedy
Email Address *	Confirm Email Address *
CKennedy@ccpartners.ca	CKennedy@ccpartners.ca