

**Ontario Concrete and Drain Contractors Association and
Labourers' International Union of North America, Local 183**

Application for Accreditation in the Construction Industry

List of Employers – Completed Employer Filing Forms

Tab	Employer
1	BASECRETE INC.
2	CONFORTI CONCRETE LTD.
3	SOUTHCRETE INC.
4	TORONTO CONCRETE & DRAIN LIMITED
5	THE KING-CON CORPORATION
6	WINDMILL GROUP CORPORATION

Tab 1



ONTARIO LABOUR RELATIONS BOARD

EMPLOYER FILING – APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY *Labour Relations Act, 1995*

Form A-94

Fields marked with an asterisk (*) are mandatory.

OLRB File Number 2792-25-R

Between: *

ONTARIO CONCRETE AND DRAIN CONTRACTORS ASSOCIATION

Applicant

- and -

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 183

Responding Party

- and -

Intervenor(s)

- 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 the employer on whose behalf this form is being completed below. Provide the name and contact information of an individual who will be able to respond on behalf of the employer.

1. Employer

Employer 1

Type * Organization Individual

Organization Name *
BASECRETE INC

First Name TONY	Last Name SMERIGLIO	Position/Title PRESIDENT
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Full Address (Number, Street, Unit/Apartment, Building Name) 78 MILLWICK DR	Other Address Details (e.g. PO Box, R.R. #, c/o)
--	--

City/Town TORONTO	Province/State ONTARIO	Country CANADA	Postal/Zip Code M9L1Y3
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Telephone Number 905-265-9983	Ext.	Fax Number	Email Address TONY@BASECRETE.COM
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Part B The Employer States:

2. Is the employer an employer in the construction industry?

Yes No

3. Is the Responding Party entitled to bargain on behalf of the employees of the employer affected by the application?

Yes No

4. Has the employer employed employees affected by the application within one year before the date of the making of the application?

Yes No

5. Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by the employer?

Yes No

Where the number is not representative, provide details:

6. List of Employees: *

A completed and verified List of Employees is attached to this filing.

7. If the employer wishes to make submissions at the hearing of this application, provide those submissions below.
If you require more space, attach a separate document.

8. 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.

Documents

Documents to be Delivered

Before filing this Employer Filing with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application or response/intervention:

- A completed copy of this Employer Filing - Application for Accreditation (Form A-94), **including all documents you are filing with this form**; and
- A completed and verified List of Employees.

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) * 2026/03/09
---	-----------------------------------

Certificate of Delivery

I, Sheila Tracey , 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.

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
Attention: Ryan McKeen and Sara Hollett

Address or fax number to which the documents were delivered *
rmckeen@liuna183.ca; shollett@liuna183.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.
These documents were delivered by email on March 9, 2026 at 3:09 p.m.

Tab 2

LABOUR RELATIONS ACT, 1995

EMPLOYER FILING, APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:

ONTARIO CONCRETE & DRAIN CONTRACTORS ASSOCIATION **Applicant,**
- and -

LIUNA LOCAL 183
(Labourers International Union of North America) **Responding Party,**
- and -

Intervenor.

CONFORTI CONCRETE LTD

Name of Employer

makes the following filing in this case.

The employer states:

1. (a) Address, telephone number, facsimile number and e-mail address of the employer:
834 ORMOND DRIVE, OSHAWA, ON
LIK 3B6 CONFORTI CONCRETE @ GMAIL.COM
NO FAX 905 718 9600
- (b) Name, address, telephone number, facsimile number and e-mail address if any of a contact person for the employer:
JOHNNY CONFORTI - 905-718-9600
834 ORMOND DRIVE, OSHAWA, ON
LIK 3B6
CONFORTI CONCRETE @ GMAIL.COM

Form A-94

(c) E-mail address of representative and assistant (if any):

- Counsel:** **Assistant:**
- Paralegal:** **Assistant:**
- other:** **Assistant:**

2. The employer is an employer in the construction industry.

YES

3. The responding party is is not entitled to bargain on behalf of the employees of the employer affected by the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)

4. The employer has has not employed employees affected by the application within one year prior to the date of the making of the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)

5. The employer states that the number of employees on the payroll for the weekly payroll period immediately preceding the date of the application

is
 is not

representative of the number of employees affected by this application normally employed by the employer. (Where the number is not representative, give details.)

6. Attached to this filing is a completed and verified List of Employees.

YES

7. Submissions, if any, which the employer wishes to make at the hearing of this application: **(Attach additional pages if necessary.)**

DATED Feb 10, 2026.



Signature for the Employer

Documents to be Delivered

Before filing this Employer Filing with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application or response/intervention:

- A completed copy of this Employer Filing - Application for Accreditation (Form A-94), **including all documents you are filing with this form**; and
- A completed and verified List of Employees.

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) *
2026/03/09

Certificate of Delivery

I, Sheila Tracey , 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.

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
Attention: Ryan McKeen and Sara Hollett

Address or fax number to which the documents were delivered *
rmckeen@liuna183.ca; shollett@liuna183.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.
These documents were delivered by email on March 9, 2026 at 3:09 p.m.

Tab 3

LABOUR RELATIONS ACT, 1995

EMPLOYER FILING, APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:

Ontario Concrete and Drain Contractors Association

Applicant,

- and -

Labourers International Union of North America
Local 183

Responding Party,

- and -

Intervenor.

SOUTHCRETE INC

Name of Employer

makes the following filing in this case.

The employer states:

- 1. (a) Address, telephone number, facsimile number and e-mail address of the employer: JAIME TAVARES @ SOUTHCRETE CONSTRUCTION.COM
647-550-7883

151 Princess Anne Crescent
M9A 2R7 Etobicoke ON

- (b) Name, address, telephone number, facsimile number and e-mail address if any of a contact person for the employer:

Jaime Tavares jaime.tavares@southcreteconstruction.com
647.550.7883

Form A-94

(c) E-mail address of representative and assistant (if any):

- Counsel:** **Assistant:**
- Paralegal:** **Assistant:**
- other:** **Assistant:**

2. The employer is an employer in the construction industry.

Yes

3. The responding party is ^{is} ~~is not~~ entitled to bargain on behalf of the employees of the employer affected by the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)

4. The employer has has not employed employees affected by the application within one year prior to the date of the making of the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)

5. The employer states that the number of employees on the payroll for the weekly payroll period immediately preceding the date of the application

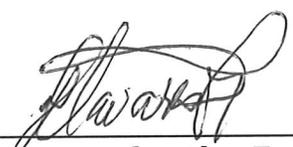
is ^{is} ~~is not~~ 5.7
 is not

representative of the number of employees affected by this application normally employed by the employer. (Where the number is not representative, give details.)

6. Attached to this filing is a completed and verified List of Employees.

7. Submissions, if any, which the employer wishes to make at the hearing of this application: **(Attach additional pages if necessary.)**

DATED 2026-02-18.



Signature for the Employer

Documents to be Delivered

Before filing this Employer Filing with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application or response/intervention:

- A completed copy of this Employer Filing - Application for Accreditation (Form A-94), **including all documents you are filing with this form**; and
- A completed and verified List of Employees.

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) *
2026/03/09

Certificate of Delivery

I, Sheila Tracey , 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.

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
Attention: Ryan McKeen and Sara Hollett

Address or fax number to which the documents were delivered *
rmckeen@liuna183.ca; shollett@liuna183.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.
These documents were delivered by email on March 9, 2026 at 3:09 p.m.

Tab 4



ONTARIO LABOUR RELATIONS BOARD

EMPLOYER FILING – APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

Labour Relations Act, 1995

Form A-94

Fields marked with an asterisk (*) are mandatory.

OLRB File Number 2792-25-R

Between: *

ONTARIO CONCRETE AND DRAIN CONTRACTORS ASSOCIATION

Applicant

- and -

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 183

Responding Party

- and -

Intervenor(s)

- 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>).
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- 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 the employer on whose behalf this form is being completed below. Provide the name and contact information of an individual who will be able to respond on behalf of the employer.

1. Employer

Employer 1

Type * Organization Individual

Organization Name *

TORONTO CONCRETE AND DRAIN LIMITED

First Name

JESSICA

Last Name

COSENTINO

Position/Title

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

750 MILLWAY AVENUE

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

UNIT 6

City/Town

CONCORD

Province/State

ONTARIO

Country

CANADA

Postal/Zip Code

L4K 3T7

Telephone Number

Ext.

416-249-2477

Fax Number

Email Address

BRENTVIEW3@OUTLOOK.COM

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

Part B The Employer States:

2. Is the employer an employer in the construction industry?

Yes

No

3. Is the Responding Party entitled to bargain on behalf of the employees of the employer affected by the application?

Yes

No

4. Has the employer employed employees affected by the application within one year before the date of the making of the application?

Yes

No

5. Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by the employer?

Yes

No

Where the number is not representative, provide details:

6. List of Employees: *

A completed and verified List of Employees is attached to this filing.

7. If the employer wishes to make submissions at the hearing of this application, provide those submissions below.

If you require more space, attach a separate document.

8. 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.

Documents

Accreditation - List of Employees

Documents to be Delivered

Before filing this Employer Filing with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application or response/intervention:

- A completed copy of this Employer Filing - Application for Accreditation (Form A-94), **including all documents you are filing with this form**; and
- A completed and verified List of Employees.

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) *
2026/03/09

Certificate of Delivery

I, Sheila Tracey , 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.

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
Attention: Ryan McKeen and Sara Hollett

Address or fax number to which the documents were delivered *
rmckeen@liuna183.ca; shollett@liuna183.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.
These documents were delivered by email on March 9, 2026 at 3:09 p.m.

Tab 5

LABOUR RELATIONS ACT, 1995

EMPLOYER FILING, APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:

Ontario Concrete and Drain Contractors Association
Applicant,

- and -

Labourers International Union of North America (Local 183)
Responding Party,

- and -

Intervenor.

The King - Can Corporation

Name of Employer

makes the following filing in this case.

The employer states:

1. (a) Address, telephone number, facsimile number and e-mail address of the employer:

248 Birmingham St. Etobicoke, ON M8V2C9
416 798-8815
Kingcancorp@rogers.com

- (b) Name, address, telephone number, facsimile number and e-mail address if any of a contact person for the employer:

Carlos Da Rocha
248 Birmingham St. Etobicoke, ON M8V2C9
416 798-8815
Kingcancorp@rogers.com

Form A-94

(c) E-mail address of representative and assistant (if any):

- Counsel:** **Assistant:**
- Paralegal:** **Assistant:**
- other:** **Assistant:**

2. The employer is an employer in the construction industry.

Yes

3. The responding party is is not entitled to bargain on behalf of the employees of the employer affected by the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)

4. The employer has has not employed employees affected by the application within one year prior to the date of the making of the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)

5. The employer states that the number of employees on the payroll for the weekly payroll period immediately preceding the date of the application

is
 is not

representative of the number of employees affected by this application normally employed by the employer. (Where the number is not representative, give details.)

6. Attached to this filing is a completed and verified List of Employees.

7. Submissions, if any, which the employer wishes to make at the hearing of this application: **(Attach additional pages if necessary.)**

DATED Feb 27, 2026



Signature for the Employer

Documents to be Delivered

Before filing this Employer Filing with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application or response/intervention:

- A completed copy of this Employer Filing - Application for Accreditation (Form A-94), **including all documents you are filing with this form**; and
- A completed and verified List of Employees.

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) *
2026/03/09

Certificate of Delivery

I, Sheila Tracey , 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.

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
Attention: Ryan McKeen and Sara Hollett

Address or fax number to which the documents were delivered *
rmckeen@liuna183.ca; shollett@liuna183.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.
These documents were delivered by email on March 9, 2026 at 3:09 p.m.

Tab 6



ONTARIO LABOUR RELATIONS BOARD

EMPLOYER FILING – APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

Labour Relations Act, 1995

Form A-94

Fields marked with an asterisk (*) are mandatory.

OLRB File Number 2792-25-R

Between: *

ONTARIO CONCRETE AND DRAIN CONTRACTORS ASSOCIATION

Applicant

- and -

LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA , LOCAL 183

Responding Party

- and -

Intervenor(s)

- 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.
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Part A Contact Information

Instructions

- Provide the contact information for the employer on whose behalf this form is being completed below. Provide the name and contact information of an individual who will be able to respond on behalf of the employer.

1. Employer

Employer 1

Type * Organization Individual

Organization Name *

WINDMILL GROUP CORPORATION

First Name

NORBERTO

Last Name

PAIVA

Position/Title

OWNER/PRESIDENT

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

5121 FIRST LINE

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

City/Town

MILTON

Province/State

ON

Country

CANADA

Postal/Zip Code

L9E 0J8

Telephone Number

Ext.

905-636-8860

Fax Number

Email Address

info@windmillgroup.ca

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

Part B The Employer States:

2. Is the employer an employer in the construction industry?

Yes

No

3. Is the Responding Party entitled to bargain on behalf of the employees of the employer affected by the application?

Yes

No

4. Has the employer employed employees affected by the application within one year before the date of the making of the application?

Yes

No

5. Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by the employer?

Yes

No

Where the number is not representative, provide details:

6. List of Employees: *

A completed and verified List of Employees is attached to this filing.

7. If the employer wishes to make submissions at the hearing of this application, provide those submissions below.

If you require more space, attach a separate document.

8. 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.

Documents

Accreditation - List of Employees

Documents to be Delivered

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- A completed copy of this Employer Filing - Application for Accreditation (Form A-94), **including all documents you are filing with this form**; and
- A completed and verified List of Employees.

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Date (yyyy/mm/dd) *
2026/03/09

Certificate of Delivery

I, Sheila Tracey , Legal Assistant ,
Name * Title

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

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Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered *
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Attention: Ryan McKeen and Sara Hollett

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