LABOUR RELATIONS ACT, 1995

**APPLICATION FOR TERMINATION OF BARGAINING RIGHTS**

**UNDER SECTION 63 OF THE ACT**

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

**Between:**

**Applicant,**

‑ and ‑

**Responding Party**

**(Trade Union).**

**PLEASE READ INFORMATION BULLETIN NO. 2 - TERMINATION OF BARGAINING RIGHTS UNDER SECTION 63 OF THE LABOUR RELATIONS ACT BEFORE COMPLETING THIS FORM.**

The applicant applies to the Ontario Labour Relations Board under [ ] section 63(1) or [ ] section 63(2) of the Act for a declaration that the responding party no longer represents the employees in the bargaining unit for which it is the bargaining agent.

**The applicant states:**

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

 (b) Name, address, telephone number, facsimile number and e-mail address of a contact person for the applicant (Please Note: this individual must be regularly available by phone during the five days leading up to the date set for the vote. Your contact person should be an individual with the authority to enter into agreements on your behalf.):

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

 **□ Counsel: Assistant:**

 **□ Paralegal: Assistant:**

 **□ other: Assistant**:

**[Periods of time referred to in this application, in other Board forms and notices, and in the Board's Rules of Procedure do not include weekends, statutory holidays, or any other day that the Board is closed.]**

 (d) Name, address, telephone number, facsimile number and e-mail address of the responding party and contact person:

[Before you file your application with the Board, you must deliver to the responding party: a Notice to Union of the application (Form C-3) with the names of the parties and the date inserted, a copy of your application, a blank response form (A-7), copies of Information Bulletin Nos. 2, 3 and 5, and a copy of Part III of the Board's Rules of Procedure. You must also complete the attached Certificate of Delivery.]

2. Name, address, telephone number, facsimile number and e-mail address of the employer of employees affected by the application and contact person:

[Before you file your application with the Board, you must deliver to the employer: a Notice to Employer of the application (Form C-4) with the names of the parties and the date inserted, copies of your application, a blank intervention form (A-8), including Schedule C and the Instructions for filing Excel Schedules with the Board, found at Tab 4 of the Spreadsheet), a blank Confirmation of Posting (A-124), copies of Information Bulletin Nos. 2, 3 and 5, and a copy of Part III of the Board's Rules of Procedure. You must also complete the attached Certificate of Delivery.]

3. Detailed description and geographic location of the unit of employees for which the responding party is the bargaining agent. (This description is usually found in the recognition or scope clause of the collective agreement, if there is one).

4. Number and addresses of locations where affected employees work (please list):

5. If this application is made under section 63(1) of the Act, provide the date on which the union was certified:

 If this application is made under section 63(2) of the Act, provide the following information about the most recent collective agreement:

 Date on which it was signed:

 Effective date:

 Expiry date:

6. The number of employees the applicant believes to be in the bargaining unit (Please provide a breakdown by location listed in paragraph 4 as well as a total number):

7. Documentary evidence from employees who have expressed a wish not to be represented by the trade union accompanies this application and

 [ ] does

 [ ] does not

 represent the wishes of 40 percent or more of the employees in the bargaining unit.

 [Section 63(4) of the Act provides that an application to terminate bargaining rights shall be accompanied by a list of names of the employees in the bargaining unit who have expressed a wish not to be represented by the trade union and evidence of the wishes of those employees, but the applicant shall not give this information to the trade union or employer. Rule 10.2 provides that the evidence must be in writing and signed by each employee concerned.]

8. Other relevant statements (attach additional pages if necessary):

**Vote Arrangements** (Please read Information Bulletin No. 3 -- Vote Arrangements before completing this portion of the form).

9. Please state the date on which you believe the vote should commence, and explain why:

10. Except in exceptional circumstances, the Board conducts votes electronically. Do you assert that a representation vote should **not** take place electronically?

 [ ] Yes

 [ ] No

If yes, please explain fully and provide all submissions in support of your assertion.

11. Please state the name of the Agent you have selected to represent you at the vote:

Complete paragraphs **12, 13 and 14 only if you request an in-person vote.**

12. Please list the hours you propose for the vote specifying start and finish times and either a.m. or p.m.:

 Please explain the reasons for your proposed vote times (e.g. shift change, employee start times etc.):

13. Please indicate the location you propose for the poll(s):

 **Poll #1**

 Room, or other description of the location:

 Floor:

 Address:

 City:

**Poll #2 (only if multiple locations are necessary):**

 Room, or other description of the location:

 Floor:

 Address:

 City:

 Please explain the reason for your proposed poll location(s):

14. Please state the name of the Scrutineer you have selected to represent you at each poll:

 **Poll #1:**

 **Poll #2 (only if multiple locations are necessary):**

**DATED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature for the Applicant**

**ATTACHMENTS**

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION WHEN IT IS FILED WITH THE BOARD:

(A) ANY EVIDENCE RELATING TO THIS APPLICATION THAT EMPLOYEES DO NOT WISH TO BE REPRESENTED BY THE TRADE UNION;

(B) A LIST OF EMPLOYEES, IN ALPHABETICAL ORDER, CORRESPONDING WITH THE EVIDENCE FILED; AND

(C) A DECLARATION VERIFYING EVIDENCE OF EMPLOYEE WISHES (FORM A‑9).

NOTE: EVIDENCE THAT EMPLOYEES DO NOT WISH TO BE REPRESENTED BY THE UNION, THE LIST OF EMPLOYEES CORRESPONDING WITH THAT EVIDENCE, AND THE DECLARATION VERIFYING EVIDENCE OF EMPLOYEE WISHES ARE NOT TO BE DELIVERED TO THE UNION OR EMPLOYER.

**CERTIFICATE OF DELIVERY**

1. I certify that the following documents were delivered to the senior union official responsible for the bargaining unit on behalf of the responding party:

 ° a completed copy of the Notice to Union of Application for Termination of Bargaining Rights under Section 63 of the Act (Form C-3);

 ° a completed copy of the Application for Termination of Bargaining Rights under Section 63 of the Act (Form A-6);

 ° a blank copy of a Response to Application for Termination of Bargaining Rights (Form A-7);

 ° a copy of Information Bulletin No. 2 - Termination of Bargaining Rights under Section 63 of the Act;

 ° a copy of Information Bulletin No. 3 - Vote Arrangements;

 ° a copy of Information Bulletin No. 5 - Status Disputes in Termination Applications; and

 ° a copy of Part III of the Board's Rules of Procedure.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Organization and name Address or facsimile number and title of person to whom to which documents were

 documents were delivered delivered

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Organization and name Address or facsimile number and title of person to whom to which documents were

 documents were delivered delivered

2. I certify that the following documents were delivered to the employer in the following order:

 ° a completed copy of the Notice to Employer of Application for Termination of Bargaining Rights under Section 63 of the Act (Form C-4);

 ° a completed copy of the Application for Termination of Bargaining Rights under Section 63 of the Act (Form A-6);

 ° a blank copy of an Intervention in Application for Termination of Bargaining Rights (Form A-8), including Schedule C and the Instructions for filing Excel Schedules with the Board, found at Tab 4 of the Spreadsheet;

 ° a blank Confirmation of Posting (Form A-124);

 ° a copy of Information Bulletin No. 2 - Termination of Bargaining Rights under Section 63 of the Act;

 ° a copy of Information Bulletin No. 3 - Vote Arrangements;

 ° a copy of Information Bulletin No. 5 - Status Disputes in Termination Applications; and

 ° a copy of Part III of the Board's Rules of Procedure.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Organization and name Address or facsimile number and title of person to whom to which documents were

 documents were delivered delivered

**[Complete either section 3 or section 4 below.]**

3. The documents were delivered by [   ] facsimile transmission or [   ]

 hand delivery on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m./p.m.

(Date)

4. The documents were given to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on

 (Name of Courier)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I was advised that they would be

(Date)

delivered not later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at\_\_\_\_\_\_\_\_ a.m. /p.m.

 (Date)

WARNING: Failure to deliver the above documents to the appropriate union official may result in delay in processing the application and/or the vote being delayed. Please read Information Bulletin No. 2 for information on who the appropriate union official is.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTES**

The Board’s forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website [www.olrb.gov.on.ca](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 efiling 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](file:///%5C%5CETCPTOVSPIFS004.CIHS.AD.GOV.ON.CA%5CMOL%5CAgencies%20Boards%20Commissions%5COntario%20Labour%20Relations%20Board%5CMOCHA%5CTemplates%20-%20Document%20Generator%5CCommon%5Cwww.canlii.org). Some summaries and decisions may be found on the Board’s website.