



FORM 3  
[Section 6]

**APPLICATION TO CANCEL CERTIFICATION ORDER**

APPLICATION FOR ORDER UNDER SECTION 6-14, 6-15, 6-16 OR 6-17  
OF THE SASKATCHEWAN EMPLOYMENT ACT

1. \_\_\_\_\_  
*name of applicant*

of \_\_\_\_\_  
*no. street city/town province postal code*

\_\_\_\_\_ *telephone alternate phone number email address*

applies to the Labour Relations Board for an order rescinding an order of the Labour Relations Board pursuant to section \_\_\_\_\_ of *The Saskatchewan Employment Act*.

2. The name and address of the union certified in the existing order are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

\_\_\_\_\_ *telephone alternate phone number email address*

3. The name and address of the employer are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

\_\_\_\_\_ *telephone alternate phone number email address*

4. The order applied to be rescinded was made by the board on \_\_\_\_\_  
*date of order*  
and a copy is attached.

5. The reasons why the applicant submits that the order ought to be rescinded are as follows:  
(Outline fully the material facts on which the applicant relies in requesting this order, including the section of the Act pursuant to which the application is made. If necessary, include additional reasons as an attachment.)

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

I, the undersigned, swear (or affirm) that the submissions set forth above are, in so far as they are matters of fact, true and complete to the best of my knowledge and, in so far as they are matters of opinion, are reasonably and honestly believed by me.

SWORN (OR AFFIRMED) BEFORE ME

at \_\_\_\_\_, Saskatchewan,  
this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public or Commissioner for Oaths for Saskatchewan

My Commission Expires: \_\_\_\_\_

} \_\_\_\_\_  
*signature*

CONTACT INFORMATION AND ADDRESS FOR SERVICE

If the applicant is not an individual, indicate the name, address and contact information of the individual swearing or affirming the document.

Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

If the applicant is represented by legal counsel, also indicate the name and address for service of the applicant's lawyer.

Lawyer: \_\_\_\_\_

Address: \_\_\_\_\_  
*no. street city/town province postal code*

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_