



FORM 4
[Section 7]

APPLICATION FOR EMPLOYER SUCCESSORSHIP

APPLICATION FOR ORDER UNDER SECTION 6-18
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 a declaration that collective bargaining rights, privileges and/or duties of the predecessor employer have transferred to the successor employer set forth in paragraph 2 by reason of sale, lease, transfer or other disposition.

2. The name and address of the successor employer are as follows:
(Where more than one employer is affected by the application, attach names, contact information and certification details.)

Name: _____

Address: _____
no. street city/town province postal code

_____ *telephone* _____ *alternate phone number* _____ *email address*

3. The name and address of the predecessor employer certified in an existing certification order, **a copy of which is attached**, is as follows:

Name: _____

Address: _____
no. street city/town province postal code

_____ *telephone* _____ *alternate phone number* _____ *email address*

4. Outline fully the material facts on which the applicant relies in requesting this declaration, including the manner in which the employer named in paragraph 2 became the successor employer.

(If necessary, provide additional reasons as an attachment.)

5. There are approximately _____ employees in the bargaining unit.

6. When did the transfer of collective bargaining rights, privileges and/or duties take place?

_____/_____/_____
day, month, year

7. (a) Is it alleged that the successor employer has committed or is committing unfair labour practices or contraventions of the Act?

Yes No

- (b) If yes, describe clearly and concisely the nature of the alleged unfair labour practices or contraventions of the Act, including a statement of all of the relevant facts and the provision(s) of the Act on which the applicant intends to rely.

(If necessary, provide additional facts 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: _____