



FORM 6
[Section 9]

APPLICATION FOR UNION SUCCESSORSHIP

APPLICATION BY SUCCESSOR UNION WITHIN THE MEANING OF SECTION 6-21
OF THE SASKATCHEWAN EMPLOYMENT ACT

1. _____
name of applicant union

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 union have transferred to the applicant union by reason of change of name, amalgamation, merger, affiliation, transfer or assignment.

2. The name and address of the employer are as follows:

(If 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 union certified in an existing certification order, **a copy of which is attached**, are 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 applicant became the successor union.

(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) Has the applicant union ever been chartered by a national or international organization?

Yes No

(b) If so, what is the name of that national or international organization: _____

(c) Is the applicant union now in good standing with the parent organization? Yes No

(d) If not, explain:

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: _____