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|  | **Saskatchewan** Labour Relations Board | www.sasklabourrelationsboard.com |

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.*)

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**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:

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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.

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| SWORN (OR AFFIRMED) BEFORE ME | | | |  | *signature* |
| at , Saskatchewan, | | | |
| this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | | | |
| 20 . | | | |
|  | | | |
| Notary Public or Commissioner for Oaths for Saskatchewan | | | |
| My Commission Expires: | | | |
|  | | | |  |  |
| 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: |  | | | |