



FORM 7
[Section 10]

FIRST COLLECTIVE AGREEMENT APPLICATION

APPLICATION FOR ORDER UNDER SECTION 6-25
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 assistance by one of the following, in the conclusion of a first collective agreement:

- labour relations officer special mediator conciliation board arbitrator Labour Relations Board

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

Name: _____

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

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

3. The applicant states that, in order to achieve a first collective agreement, intervention by the board is necessary and appropriate by reason of the following facts:

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

4. The following materials must be attached in support of this application:
- A copy of the certification order
 - A description of the bargaining unit, including its size
 - A list of dates on which collective bargaining has occurred
 - A list of bargaining issues that have been agreed on by the parties
 - A list of issues that remain in dispute, including the applicant's position on these issues
 - The applicant's last offer on the disputed issues
 - Any additional documents or evidence on which the applicant intends to rely

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: _____