

*LABOUR RELATIONS CODE*  
**BRITISH COLUMBIA  
LABOUR RELATIONS BOARD**

**APPLICATION FOR A MEDIATOR  
(SECTIONS 55 AND 74)**

PLEASE INDICATE UNDER WHICH SECTION OF THE CODE THIS APPLICATION IS BEING MADE

**Section 55**   
**Section 741**

**APPLICANT INFORMATION (Trade Union, Employer or Employer Organization making the application)**

Name: _____
Address: _____
_____ Postal Code: _____
Representative to be contacted: _____
Telephone: _____ Fax: _____
If bargaining is being conducted by another party on the applicant's behalf; name: _____
Employer Name: _____
Address: _____
Telephone: _____ Fax: _____

**RESPONDENT INFORMATION (Trade Union, Employer or Employer Organization that is the other party in collective bargaining)**

Name: _____
Address: _____
_____ Postal Code: _____
Representative to be contacted: _____
Telephone: _____ Fax: _____
If bargaining is being conducted by another party on the respondent's behalf; name: _____
Company Name: _____
Address: _____
Telephone: _____ Fax: _____

**BARGAINING UNIT**

Actual location of business: _____
Certification Date: _____
Number of Bargaining Unit Employees: _____

**COLLECTIVE AGREEMENT**

Is this the first collective agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, enter the term of the previous agreement:
Term: From: _____ To: _____

**STRIKE/LOCKOUT VOTE**

Has a strike or lockout vote been taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date was vote taken? _____

**STRIKE/LOCKOUT NOTICE**

If strike or lockout notice has been given:

Name of party serving notice: \_\_\_\_\_

Date and time the notice was served: \_\_\_\_\_

If a strike or lockout has commenced, on what date? \_\_\_\_\_

**DATES OF MEETINGS HELD**

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

**OUTSTANDING ISSUES**

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

**ESSENTIAL SERVICES**

Are essential services a factor in this dispute?       Yes       No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

PLEASE enclose one copy of the most recent Collective Agreement AND a copy of the certification(s) applicable to this bargaining unit.

Completed forms and ALL supporting documents to be sent to:

ASSOCIATE CHAIR (MEDIATION)  
LABOUR RELATIONS BOARD  
SUITE 900, 360 WEST GEORGIA STREET  
VANCOUVER, B.C. V6B 6B2

Copies must be delivered to affected parties.

Has this been done?

YES       NO

PHONE (604)660-9656  
FAX (604)660-7321