Form 33A

LABOUR RELATIONS CODE
BRITISH COLUMBIA
LABOUR RELATIONS BOARD

APPLICATION FOR REVOCATION OF BARGAINING RIGHTS (SECTION 33 OR 34)

BEFORE YOU SIGN THIS FORM, PLEASE ENSURE:

- The Trade Union's full name and local (if applicable) is filled out
- The date is filled out by you
- Your name is printed clearly
- The Employer's name is filled out

THIS FORM WILL NOT BE ACCEPTED UNLESS THESE REQUIREMENTS ARE MET AND THE FORM IS SIGNED AND DATED ON OR WITHIN 6 MONTHS IMMEDIATELY BEFORE THE DATE ON WHICH THE REVOCATION APPLICATION IS RECEIVED BY THE LABOUR RELATIONS BOARD.

(NAMES OF EMPLOYEES WILL BE KEPT CONFIDENTIAL)

I HEREBY WISH TO APPLY FOR CANCELLATION OF CERTIFICATION/REVOCATION OF BARGAINING RIGHTS HELD BY MY UNION:

_____ _____
NAME OF TRADE UNION **LOCAL NUMBER**

(The union's name and local (if applicable) must be filled out at the time of your signature)

_____
NAME OF EMPLOYER (COMPANY)

(The Employer's name must be filled out)

I UNDERSTAND THAT IF THE APPLICATION SUCCEEDS, THE UNION WILL CEASE TO BE MY EXCLUSIVE BARGAINING AGENT AND WILL NO LONGER REPRESENT ME IN COLLECTIVE BARGAINING.

I HEREBY AUTHORIZE THE SPOKESPERSON NAMED ON THE ACCOMPANYING APPLICATION TO ACT AS MY REPRESENTATIVE IN THE PROCEEDINGS BEFORE THE LABOUR RELATIONS BOARD.

Clearly Print Your First
And Last Name: _____ Signature: _____

E-mail: _____

Date: Day: _____ Month: _____ Year: _____

(The date must be completed by you at the time of your signature and must be entered clearly to be accepted)

Print your complete address.
Street: _____ City _____

Province _____ Postal Code: _____ Phone number: _____