# N'INCOME PROJECT PROJE

# ONTARIO LABOUR RELATIONS BOARD

# RESPONSE/INTERVENTION – APPLICATION FOR ACCREDITATION CONSTRUCTION INDUSTRY

Labour Relations Act, 1995

Form A-93

Fields marked with an asterisk (*	) are mandatory.	Confirmation No.	20240708140538080

OLRB File Number 0753-24-R

ļ	Between: *
ŀ	TORONTO RESIDENTIAL CONTRUCTION LABOUR BUREAU
	Applican
	- and -
١	LABOURERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 183
ľ	LABOUNERO INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 100
	Responding Party
•	Review Information Bulletin No. 33 – "Accreditation in the Construction Industry under s.136 of the Labour Relations Act,
	1995 (Non-ICI)", the Filing Guide and the Board's Rules of Procedure on acceptable methods of delivery and filing before
	completing this form to avoid any delay in processing.
	<ul> <li>All forms, Notices, Information Bulletins, the Filing Guide and the Rules of Procedure may be obtained from the Board's</li> </ul>
	website (http://www.olrb.gov.on.ca).
•	<ul> <li>To print a paper copy of this form, use only the "Print" buttons located within the form.</li> </ul>
•	• Save a copy of your completed form and any attachments as the Board will not return them to you. To save the form at any
	time, use the "Save" buttons located within the form.
•	<ul> <li>If there is insufficient space on the form, attach additional pages clearly identifying the relevant section of the form. For</li> </ul>
	e-filing, you may attach files by selecting the "Attach documents electronically" option.

# Part A Contact Information

Choose one of the following \*

#### Instructions

• Provide the contact information for each Responding Party/Intervenor on whose behalf this form is being completed and any Affected Party not previously named in the application below. If you wish to add additional parties, use the "Add" button or attach a separate page if completing the form by hand.

**✓** Response

Intervention

• For an organization, provide the name and contact information of an individual who will be able to respond on behalf of that organization. When adding multiple individuals at the same organization, "Add" an additional contact section, repeat the organization name and provide that individual's contact information (e.g. name, email address, phone number).

1(a) Pospon	ding Party/Interver						
1 (a). Responding Party/Intervenor				_			
Responding Pa							
	Organization	Individua	l				
Organization Nam							
	national Union of No	rth Ameri	•				
First Name			Last Name			Position	
Jack			Oliveira				ss Manager
Full Address (Numl 1263 Wilson Ave	ber, Street, Unit/Apartment, enue, Suite 200	Building Nar	me)		Other Address Detail	S (e.g. PO	9 Box, R.R. #, c/o)
City/Town		Province/	/State	Country			Postal/Zip Code
Toronto		ON		Canada			M3M 3G3
Telephone Number	er Ext.	Fax Num		Email Ad			
416-241-1183		416-241	-9845	joliveira	@liuna183.ca		
Bernardino Ferre	t Information, if any (As eira, Vice-President, ctor Co-Ordinator - d	Sector C	o-Ordinator - bfer				
1 (b). Represe	entative/Contact Pe	rson for	the Responding	Party/In	tervenor		
Contact 1							
Contact Person fo	or * 📝 All Partie	s above	Party No.(s)				
Indicate if this per	son is a 🗸 Lawyer		Paralegal				
Organization Nam	 ie						
Labourers' Intern	national Union of No	rth Ameri	ca, Local 183				
First Name			Last Name *			Position	/Title
Ryan			McKeen			Senior	Counsel
Full Address (Number 1263 Wilson Ave	ber, Street, Unit/Apartment, enue, Suite 300	Building Nar	me)		Other Address Detail	S (e.g. PO	Box, R.R. #, c/o)
City/Town		Province/	/State	Country			Postal/Zip Code
Toronto		ON		Canada			M3M 3G3
Telephone Number		Fax Num		Email Address			
416-241-1183	6511	416-241	-7607	rmckeen@liuna183.ca			
Nicole Chaitram Tel: 416-241-11		ssistant's Em	ail Address, Alternate Te	elephone Nu	umbers)		
Email: nchaitran	1@liuna183.ca						
Contact 2							
Contact Person fo	or * <mark>✓</mark> All Partie	es above	Party No.(s)				_
Indicate if this per	son is a 🔽 Lawyer		Paralegal				
Organization Nam	ie						
Labourers' Intern	national Union of No	rth Ameri					
First Name			Last Name *			Position	n/Title
Graham			Williamson			Genera	al Counsel
Full Address (Numl 1263 Wilson Ave	ber, Street, Unit/Apartment, enue, Suite 300	Building Nar	me)		Other Address Detail	S (e.g. PO	Box, R.R. #, c/o)
City/Town		Province/	/State	Country			Postal/Zip Code
Toronto		ON		Canada			M3M 3G3
Telephone Number		Fax Num		Email Ad			
416-241-1183	6402	416-241	-7607	gwilliamson@liuna183.ca			

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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Maria Di Muzio, Legal Assistant Tel: 416-241-1183 ext. 6410

Email: mdimuzio@liuna183.ca

# 2 (a). Affected Party

Contact information for any person, trade union, employer or employers' organization which may be affected by the application and which has not already been identified by another party must be completed below.

- 2 (b). Representative/Contact Person for the Affected Party, if known
- 2 (c). The person, trade union, employer or employers' organization named above is affected by the application for the following reason(s):

# Part B Material Facts and Position on Relief Sought

Provide a detailed description of unit of employers claimed by the Responding Party to be appropriate for accreditation:

Reference **must** be made to the sector(s) of the construction industry and the geographic area(s) or parts thereof claimed. If you require more space, attach a separate document.

The Responding Party agrees with the Applicant's description in TAB 4 to Schedule "A" of their Application subject to the correction to what the Responding Party believes is an inadvertent omission to the bargaining unit description. Additionally, if the Board issues a decision accrediting the Applicant in the new areas and for the expanded scope of work, the Responding Party also agrees with the merged bargaining unit descriptions set out in TAB 5 to Schedule "A" to their Application.

4. Provide representations as to the appropriateness of the unit described in question 3 including the history of collective bargaining, if any, of the Applicant and the Responding Party:

If you require more space, attach a separate document. See attached Schedule "A".

5. State the number of employers in the unit described by the Applicant as being appropriate for accreditation as of the date the application was made:

16

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<ul> <li>7. State the approximate number of members of the Responding Party working in the area(s) and sector(s) described in the unit of employers claimed by the Applicant to be appropriate as of the date the application was made:</li> <li>113</li> </ul>				
8. I	n respect of the order(s) requested by the Appl	icant, the Responding Party states:		
	Responding Party consents to the Board issui			
9. (	Other relevant statements:			
	attached Schedule "A."			
10. <i>A</i>	Attached documents:			
Provi	de a list of the documents you are filing together w	rith this form as instructed below.		
Name	e your documents/attachments so that they are ea	sily identifiable.		
•	are e-filing this form, select the "Attach document outton.	s electronically" option below and attach each docume	ent using the	"Add
If you	are filing in a manner other than e-filing, provide t	he numbered list of documents in the box below.		
✓ A	tach documents electronically			
	If your attachments exceed 15MB, you may not e ative method permitted by the Board's Rules of Pr	-file. File a paper copy of this form with all attachments rocedure.	s using an	
No.	File	Description	Size (MB)	-
1	20240708 - Schedule A with Tab.pdf	·	0.24	<b>√</b>
		Total Size	0.24	
		Total space left over	14.76	
		Number of attachments	1	
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State the number of employers in the unit claimed by the Responding Party to be appropriate for accreditation as of the date the application was made:

**17** 

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# **IMPORTANT NOTES**

The Board's forms, Notices, Information Bulletins, Rules of Procedure and Filing Guide may be obtained from its website <a href="http://www.olrb.gov.on.ca">http://www.olrb.gov.on.ca</a> or by calling 416-326-7500 or toll-free at 1-877-339-3335.

#### FRENCH OR ENGLISH

Vous avez le droit de communiquer et recevoir des services en français et en anglais. La Commission n'offre pas de services d'interprétation dans les langues autres que le français et l'anglais.

You have the right to communicate and receive services in either English or French. The Board does not provide translation services in languages other than English or French.

#### CHANGE OF CONTACT INFORMATION

Notify the Board immediately of any change in your contact information. If you fail to do so, correspondence sent to your last known address (including email) may be deemed to be reasonable notice to you and the case may proceed in your absence.

#### **ACCESSIBILITY AND ACCOMMODATION**

The Board is committed to providing an inclusive and accessible environment in which all members of the public have equitable access to our services. We will aim to meet our obligations under the *Accessibility for Ontarians with Disabilities Act* in a timely manner. Please advise the Board if you require any accommodation to meet your individual needs. The Board's Accessibility Policy can be found on its website.

#### COLLECTION AND DISCLOSURE OF INFORMATION AND DOCUMENTS

Any relevant information that you provide to the Board must in the normal course be provided to the other parties to the proceeding. Personal information collected on this form and in written or oral submissions may be used and disclosed for the proper administration of the Board's governing legislation and case processing. In addition, the *Tribunal Adjudicative Records Act, 2019* requires that the Board make adjudicative records (which include applications filed and a listing of such applications) available to the public. The Board has the power to make part or all of an adjudicative record confidential. The *Freedom of Information and Protection of Privacy Act* may also address the treatment of personal information. More information is available on the Board's website <a href="www.olrb.gov.on.ca">www.olrb.gov.on.ca</a>. If you have any questions concerning the collection of information or disclosure of adjudicative records, contact the Solicitors' Office at the number listed above or in writing to the OLRB, 505 University Ave., 2nd floor, Toronto, ON M5G 2P1.

### **E-FILING AND E-MAIL**

The Rules of Procedure and Filing Guide set out the permitted methods of filing. In the event of emergencies or other circumstances, the Board may post a Notice to Community on its website, which will prevail over the Rules of Procedure and Filing Guide. You should check the Board's website prior to filing. Note that the efiling system is not encrypted. Contact the Client Services Coordinator at the numbers listed above if you have questions regarding e-filing or other filing methods. If you provide an e-mail address with your contact information, the Board will in most cases communicate with you by e-mail from an out-going only generic account. Incoming emails are not permitted.

#### **HEARINGS AND DECISIONS**

Hearings are open to the public unless the Board decides that matters involving public security may be disclosed or if it believes that disclosure of financial or personal matters would be damaging to any of the parties. Hearings are not recorded and no transcripts are produced.

The Board issues written decisions, which may include the name and personal information about persons appearing before it. Decisions are available to the public from a variety of sources including the Ontario Workplace Tribunals Library and <a href="www.canlii.org">www.canlii.org</a>. Some summaries and decisions may be found on the Board's website.

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# **Documents to be Delivered**

Before filing your response/intervention with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application and to each Affected Party named in Part A of a response/intervention filed by another party:

A completed copy of this Response/Intervention - Application for Accreditation, Construction Industry (Form A-93), including
all documents you are filing with this form.

If you have named an Affected Party in Part A of your response/intervention that was **not** named in the application or in a response/intervention filed by another party, you must deliver the following documents to that party:

- A completed copy of the Application for Accreditation, Construction Industry (Form A-92), including all documents filed with that form;
- A completed copy of this Response/Intervention Application for Accreditation, Construction Industry (Form A-93), including
  all documents you are filing with this form; and
- A Notice to Responding Party and/or Affected party of Application for Accreditation, Construction Industry (Form C-39) with the names of the parties and the date inserted.

Once the above-listed documents have been delivered to the other parties, you must complete the following Certificate of Delivery before filing the completed form and attachments with the Board.

	✓ I have reviewed this form to confirm it is complete *	Date (yyyy/mm/dd) * 2024/07/08
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Certificate of	Delivery
I, Nicole Chaitram ,	Legal Assistant ,
Name *	Title
certify that the documents identified above were delivered to	each of the parties as set out below:
Note: You must complete delivery information for each party s	eparately.
Use the "Add" button below if completing electronically.	
Delivered To	
Name of organization (if applicable) and name and title of person to Toronto Residential Construction Labour Bureau c/o Filion Wakely Thorup Angeletti LLP  Address or fax number to which the documents were delivered * 1 King Street West, Suite 1201, Hamilton, ON, L8P 4W9	o whom the documents were delivered *
Method of delivery *	
☐ Hand Delivered ☐ Courier ☐ Fax ☐ Regular Mail ✓	Other
Other Details *	
Please provide details as to whom, when and how the documents of Carl Peterson cpeterson@filion.on.ca - Via Email at 2:00 p.m. Danny Parker dparker@filion.on.ca - Via Email at 2:00 p.m.	

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# File with the Board

- File the completed form and any attachments using a method permitted by the Board's Rules of Procedure.
- Save and Print a copy of your completed form and all attachments as the Board will not return them to you.
- To e-file, click the "Submit" button below. You will receive a confirmation email once the form has been successfully submitted.
- If you choose not to e-file, print this form by clicking on the "Print" button below and then file with the Board together with any attachments.

# For E-Filing only

You must provide a valid email address in order to file this form electronically so that a confirmation email may be sent to you. If you do not have a valid email address, file a paper copy of this form using an alternative method permitted by the Board's Rules of Procedure.

# Submitted By:

First Name *	Last Name *
Nicole	Chaitram
Email Address *	Confirm Email Address *
nchaitram@liuna183.ca	nchaitram@liuna183.ca

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