



Reply to Carl W. Peterson

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August 29, 2024

E-Filing

Ms Catherine Gilbert Registrar Ontario Labour Relations Board 505 University Avenue, 2nd Floor Toronto, ON M5G 2P1

Dear Ms Gilbert:

Re: Durham Residential Construction Labour Bureau (Applicant) and Labourers' International Union Of North America, Local 183 (Respondent)
OLRB File Number 0796-24-R

In accordance with the Board's decision of July 24, 2024, and on behalf of Kaitlin Corporation (the "Company"), attached please find the Company's Form A-94, Employer Filing, Application for Accreditation, Construction Industry, along with the corresponding List of Employees thereto, which we have served on all of the affected parties.

Yours truly,

Carl W. Peterson Danny Parker

Carl W. Peterson and Danny Parker CWP/DP/Id

Client
 LIUNA, Local 183 – G. Williamson and R. McKeen (via email)

Attach.

Form A-94

File No.: 0796 -24-R

LABOUR RELATIONS ACT, 1995

EMPLOYER FILING, APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

BEFORE THE ONTARIO LABOUR RELATIONS BOARD

Between:

1

Durham Residential Construction

Labour Bureau

Applicant,

4

LI.U.N.A. Local 183

Responding Party,

- and -

Intervenor.

Kaitlin Corporation
Name of Employer

makes the following filing in this case.

The employer states:

Address, telephone number, facsimile number and e-mail address 1. (a) of the employer:

315-Z20 Duncan Mill Rd.

North York, ON, MBB 355

(647) 761 - 4911 (tti)
(908) 647 - 8820 (Gas)
Amarson (2) (Gas)
Name, address, telephone number, facsimile number and e-mail (b) address if any of a contact person for the employer:

Anthony Marson

315 7220 Duncan Mills Rd.

North Yeak, ON M3B 315

(647) 261-4911 (tel)

(905) 642-8820 (Fax)

(p. 1 of 6) amarson@kaitlincorp.com.

(June 2014)

Form A-94

	(c)	E-mail address of representative and assistant (if any):				
			Counsel:		Assistant:	
	9	ņ	Paralegal:		Assistant:	
			other:		Assistant:	
2.	The employer is an employer in the construction industry.					
				γ.	23	
3.	The resembloy paragra	aph	1 of Form	X]is	tlad to become	on behalf of the Dication. (Refer to of Application for
4.	[上] has The employer [] has not employed employees affected by the application within one year prior to the date of the making of the application. (Refer to paragraph 1 of Form B-97, Notice to Employers of Application for Accreditation.)					
5.	The employer states that the number of employees on the payroll for the weekly payroll period immediately preceding the date of the application					
	[<u>_</u> _] is [] is	not	t			
	Horriga	уι	tive of the no employed by tive, give det	, the emplove	yees affected r. (Where th	by this application e number is not
6.	Attache	d to	this filing is	a completed an		of Employees.
7.	Submiss of this a	ion ppl	s, if any, whi ication: (Att	ich the employe a ch additional	er wishes to ma pages if nec	ake at the hearing
DAT		,	gut 21		A	r the Employer
(p. 2 of 6) (June 2014						