STREET POLICE

Fields marked with an asterisk (*) are mandatory.

ONTARIO LABOUR RELATIONS BOARD

EMPLOYER FILING – APPLICATION FOR ACCREDITATION, CONSTRUCTION INDUSTRY

Labour Relations Act, 1995

Form A-94

Intervenor(s)

Confirmation No. 20250626213916643

OLRB File Number	2973-24-R		
Between: *			
Crane Rental Associ	ation of Ontario		
			Applican
		- and -	
Ontario Labour Rela	tions Board		
			Responding Party
		- and -	

- 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.
- All forms, Notices, Information Bulletins, the Filing Guide and the Rules of Procedure may be obtained from the Board's website (http://www.olrb.gov.on.ca).
- To print a paper copy of this form, use **only** the "Print" buttons located within the form.
- 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.
- If there is insufficient space on the form, attach additional pages clearly identifying the relevant section of the form. For e-filing, you may attach files by selecting the "Attach documents electronically" option.

Part A Contact Information

Instructions

 Provide the contact information for the employer on whose behalf this form is being completed below. Provide the name and contact information of an individual who will be able to respond on behalf of the employer.

Employer 1 Type '	1.	Employer							
Organization Name Wayne's Crane Service Limited First Name Michael Country	Em	ployer 1							
Wayne's Crane Service Limited First Name	Тур	e * 📝 Organizatio	n	Individua	ıl				
Michael Roche Owner/Operator Full Address (Number, Street, Unit/Apartment, Building Name) Other Address Details (e.g. PO Box, R.R. #, clo) 8 Oswald Ave City/Town Province/State Country Postal/Zip Code L2M 2Y8 Telephone Number Ext. Fax Num	_		imited						
Full Address (Number, Street, Unit/Apartment, Building Name) 8 Oswald Ave Ontario Province/State Ontario Province/State Ontario Email Address Waynescraneservice@gmail.com Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) Part B The Employer States: 2. Is the employer an employer in the construction industry? Yes No 4. Has the employer employed employees affected by the application within one year before the date of the making of the application? Yes No Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by the employer? Yes No Where the number is not representative, provide details:	Firs	t Name			Last Name				
18 Oswald Ave City/Town City/Town City/Town City/Town City/Town Country Count							1		<u> </u>
St Catharines			Jnit/Apartment	, Building Nai	me)		Other Address Detail	S (e.g. PC	D Box, R.R. #, c/o)
Telephone Number 905-935-7305 Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) Part B The Employer States: 2. Is the employer an employer in the construction industry? Yes No 3. Is the Responding Party entitled to bargain on behalf of the employees of the employer affected by the application Yes No 4. Has the employer employed employees affected by the application within one year before the date of the making of the application? Yes No 5. Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by the employer? Yes No Where the number is not representative, provide details:	-				/State	Country			
Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers) Part B The Employer States: 2. Is the employer an employer in the construction industry? Yes No 3. Is the Responding Party entitled to bargain on behalf of the employees of the employer affected by the application with application? Yes No 4. Has the employer employed employees affected by the application within one year before the date of the making of the application? Yes No S. Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by the employer? Yes No Where the number is not representative, provide details:									L2M 2Y8
Part B The Employer States: 2. Is the employer an employer in the construction industry? Yes			Ext.	Fax Num	ber			il.com	
2. Is the employer an employer in the construction industry? ✓ Yes									
 ✓ Yes	Par	t B The Employer S	States:						
3. Is the Responding Party entitled to bargain on behalf of the employees of the employer affected by the application Yes	2.	Is the employer an em	ployer in t	he constru	uction industry?				
 ✓ Yes		✓ Yes	☐ No						
4. Has the employer employed employees affected by the application within one year before the date of the making of the application? ✓ Yes	3.	Is the Responding Par	rty entitled	to bargaiı	n on behalf of the	employee	es of the employer at	fected l	by the application?
the application? Yes No No Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by temployer? Yes No Where the number is not representative, provide details:		✓ Yes	☐ No						
 5. Are the number of employees on the payroll for the weekly payroll period immediately before the date of the application representative of the number of employee affected by this application that are normally employed by the employer? Yes No Where the number is not representative, provide details: 6. List of Employees: * 	4.		oloyed emp	oloyees af	fected by the appl	ication w	ithin one year before	the dat	te of the making of
application representative of the number of employee affected by this application that are normally employed by temployer? ✓ Yes		✓ Yes	☐ No						
Where the number is not representative, provide details: 6. List of Employees: *	5.	application representa							
6. List of Employees: *		✓ Yes	☐ No						
		Where the number is	not represo	entative, p	orovide details:				
✓ A completed and verified List of Employees is attached to this filing.	6.	List of Employees: *							
	√	A completed and verifie	ed List of En	nployees is	s attached to this fili	ng.			

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7. If the employer wishes to make submissions at the hearing of this application, provide those submissions below.	
If you require more space, attach a separate document.	
8. Attached documents:	
Provide a list of the documents you are filing together with this form as instructed below.	
Name your documents/attachments so that they are easily identifiable.	
Provide a list of the documents you are filing together with this form as instructed below.	

If you are e-filing this form, select the "Attach documents electronically" option below and attach each document using the "Add

If you are filing in a manner other than e-filing, provide the numbered list of documents in the box below.

✓ Attach documents electronically

File" button.

Note: If your attachments exceed 15MB, you may not e-file. File a paper copy of this form with all attachments using an alternative method permitted by the Board's Rules of Procedure.

No.	File	Description	Size (MB)	
1	Employee List Wayne's Crane service Ltd.pd	Employee list	0.49	
		Total Size	0.49	
		Total space left over	14.51	
		Number of attachments	1	

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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 http://www.olrb.gov.on.ca 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 www.olrb.gov.on.ca. 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 www.canlii.org. Some summaries and decisions may be found on the Board's website.

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Documents to be Delivered

Before filing this Employer Filing with the Board, you must deliver the following documents to each Applicant, Responding Party and Affected Party named in Part A of the application or response/intervention:

- A completed copy of this Employer Filing Application for Accreditation (Form A-94), including all documents you are filing with this form; and
- A completed and verified List of Employees.

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) * 2025/06/25

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Certificate o	f Delivery
I, Michael Roche ,	Owner/Operator ,
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	separately.
Use the "Add" button below if completing electronically.	
Delivered To	
Name of organization (if applicable) and name and title of person to Michael Roche Owner/Operator	to whom the documents were delivered *
Address or fax number to which the documents were delivered * 18 Oswald Ave. St Catharines, Ontario, L2M 2Y8	
Method of delivery *	
✓ Hand Delivered ☐ Courier ☐ Fax ☐ Regular Mail ☐	Other
Hand Delivery Details *	

2025/06/24

Delivered on

, at $\ \ 12$: $\ \ 30$ $\ \ \square$ a.m. $\ \ \checkmark$ 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 *
Amy	Roche
Email Address *	Confirm Email Address *
waynescraneservice@gmail.com	waynescraneservice@gmail.com

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