TIME TO THE TAX TO THE

Fields marked with an asterisk (*) are mandatory.

ONTARIO LABOUR RELATIONS BOARD

RESPONSE/INTERVENTION – APPLICATION FOR ACCREDITATION CONSTRUCTION INDUSTRY

Labour Relations Act, 1995

Form A-93

Confirmation No. 20240429151855831

OL	RB File Number	0120-24-R				
Ве	tween: *					
Wi	ndsor Wall & Ceilin	g Contractors /	Association			
						Annlinen
				and		Applican
				- and -		
Un	ited Brotherhood of	Carpenters ar	nd Joiners of Ame	erica, Local 494		
						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				ry and filing before	
	completing this form	to avoid any de	lay in processing.			
•	All forms, Notices, Information Bulletins, the Filing Guide and the Rules of Procedure may be obtained from the Board's				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				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 atta	ach files by sele	cting the "Attach do	cuments electronically" o	ption.	
Ch	oose one of the follo	owing *	Response	✓ Intervention		
Pa	rt A Contact Info	rmation				
Ins	structions					

- 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.
- 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). Responding Party/Intervenor						
Intervenor 1						
Type *	Individua	ıl				
Organization Name Carpenters' Regional Council, United	d Brother	hood of Carpente	rs and .lc	oiners of America		
First Name	a Diotiloi	Last Name	io and oc	onioro or ranorioa	Position	n/Title
Tom		Cardinal			Chief o	
Full Address (Number, Street, Unit/Apartment, 222 Rowntree Dairy Road	Building Na	me)		Other Address Detail	S (e.g. PC) Box, R.R. #, c/o)
City/Town	Province	/State	Country			Postal/Zip Code
Woodbridge	Ontario		Canada	l .		L4L 9R2
Telephone Number Ext. 905-652-4140	Fax Num 905-652		Email Ad	ldress ll@ubcja.ca		
Additional Contact Information, if any (As Stephen Chedas - Counsel - scheda Sandra Guglietti/Fabienne Shessel -	as@ubcja	a.ca				
1 (b). Representative/Contact Pe	rson for	the Responding	Party/In	tervenor		
Contact 1						
Contact Person for *	s above	Party No.(s)				
Indicate if this person is a 🗸 Lawyer		Paralegal				
Organization Name						
CaleyWray Lawyers						
First Name		Last Name *			Position	
Michael		Church			Counse	
Full Address (Number, Street, Unit/Apartment, 65 Queen Street West	Building Na	me)		Other Address Detail Suite 1600	S (e.g. PC) Box, R.R. #, c/o)
City/Town	Province	/State	Country			Postal/Zip Code
Toronto	Ontario		Cariada		M5H 2M5	
Telephone Number Ext. 416-775-4675	Fax Num			nail Address		
416-775-4675 416-366-3293 churchm@caleywray.com Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)						
Sharon Henry - Assistant - henrys@			olophone in			
1 (c). The Intervenor claims to be	e affecte	d by the applicat	ion for t	he following reaso	n(s):	
Complete this question only if you are in	tervening	in this case.				
Please see the attached Schedule "/	٨".					
2 (a). Affected Party						

A-93E (2022/10) Page 2 of 8

Contact information for any person, trade union, employer or employers' organization which may be affected by the application

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
3. Pr	ovide a detailed description of unit of employers claimed by the Intervenor to be appropriate for accreditation:
	nce must be made to the sector(s) of the construction industry and the geographic area(s) or parts thereof claimed. If you more space, attach a separate document.
Please	e see the attached Schedule "A".
СО	ovide representations as to the appropriateness of the unit described in question 3 including the history of Ilective bargaining, if any, of the Applicant and the Responding Party: equire more space, attach a separate document.
-	
Please	e see the attached Schedule "A".
	ate the number of employers in the unit described by the Applicant as being appropriate for accreditation as of e date the application was made:
Please	e see the attached Schedule "A".
	ate the number of employers in the unit claimed by the Intervenor to be appropriate for accreditation as of the te the application was made:
Please	e see the attached Schedule "A".

and which has not already been identified by another party must be completed below.

A-93E (2022/10) Page 3 of 8

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:				ibed
Plea	se see the attached Schedule "A".			
8. I	n respect of the order(s) requested by the App	olicant, the Intervenor states:		
Plea	se see the attached Schedule "A".			
9. (Other relevant statements:			
Plea	se see the attached Schedule "A".			
10. A	Attached documents:			
Provi	de a list of the documents you are filing together	with this form as instructed below.		
Name	e your documents/attachments so that they are e	asily identifiable.		
	are e-filing this form, select the "Attach documer button.	nts electronically" option below and attach each docume	ent using the "	'Add
If you	are filing in a manner other than e-filing, provide	the numbered list of documents in the box below.		
✓ A	ttach documents electronically			
	If your attachments exceed 15MB, you may not native method permitted by the Board's Rules of F	e-file. File a paper copy of this form with all attachments Procedure.	s using an	
No.	File	Description	Size (MB)	-
1	440429 - Windsor Wall and Ceiling Contract	Cover Letter	0.05	
2	240429 - Windsor Wall and Ceiling Contract	Schedule A and Tabs	0.92	
		Total Size	0.97	
		Total space left over	14.03	
		Number of attachments	2	

A-93E (2022/10) Page 4 of 8

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.

A-93E (2022/10) Page 5 of 8

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) * 2024/04/29
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A-93E (2022/10) Page 6 of 8

Certificate	of Delivery
I, Rozana Singh	, 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	y separately.
Use the "Add" button below if completing electronically.	
Delivered To	
Name of organization (if applicable) and name and title of persor Vereschagin & Brown LLP	to whom the documents were delivered *
Attention: Leslie A. Brown	
Address or fax number to which the documents were delivered *	
Email: lab@labourlaw.com	
Method of delivery *	
☐ Hand Delivered ☐ Courier ☐ Fax ☐ Regular Mail ☐	✓ Other
Other Details *	
Please provide details as to whom, when and how the document	s were delivered.
Emailed to Leslie A. Brown on April 29, 2024 at 3:18p.m.	
Delivered To	
Name of organization (if applicable) and name and title of persor Shields O'Donnell MacKillop LLP Attention:Hendrik Nieuwland	to whom the documents were delivered *
Address or fax number to which the documents were delivered *	
Email: hnieuwland@somlaw.ca	
Method of delivery *	
Hand Delivered Courier Fax Regular Mail	✓ Other
Other Details *	
Please provide details as to whom, when and how the document	s were delivered.

A-93E (2022/10) Page 7 of 8

Emailed to Hendrik Nieuwland on April 29, 2024 at 3:18p.m.

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 *
Rozana	Singh
Email Address *	Confirm Email Address *
singhr@caleywray.com	singhr@caleywray.com

A-93E (2022/10) Page 8 of 8