



# 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. [20240429141116540](#)

OLRB File Number **0120-24-R**

**Between: \***

[WINDSOR WALL & CEILING CONTRACTORS ASSOCIATION](#)

**Applicant**

- and -

[UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA, 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** 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.

Choose one of the following \*

Response

Intervention

### Part A Contact Information

#### 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.
- 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 \*  Organization  Individual

Organization Name

Interior Systems Contractors Association of Ontario

First Name Ron	Last Name Johnson	Position/Title Executive Director
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Full Address (Number, Street, Unit/Apartment, Building Name)

60 Sharer Road

Other Address Details (e.g. PO Box, R.R. #, c/o)

City/Town Woodbridge	Province/State Ontario	Country Canada	Postal/Zip Code L4L 8P4
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Telephone Number Ext.	Fax Number	Email Address ron@isca.ca
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

## 1 (b). Representative/Contact Person for the Responding Party/Intervenor

### Contact 1

Contact Person for \*  All Parties above  Party No.(s) Intervenor

Indicate if this person is a  Lawyer  Paralegal

Organization Name

Shields O'Donnell MacKillop LLP

First Name Hendrik	Last Name * Nieuwland	Position/Title lawyer
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Full Address (Number, Street, Unit/Apartment, Building Name)

65 Queen Street West, 18th Floor

Other Address Details (e.g. PO Box, R.R. #, c/o)

City/Town Toronto	Province/State Ontario	Country Canada	Postal/Zip Code M5H 2M5
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Telephone Number 416-801-9690 Ext.	Fax Number	Email Address hnieuwland@somlaw.ca
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Adela Zawadzki - azawadzki@somlaw.ca

## 1 (c). The Intervenor claims to be affected by the application for the following reason(s):

Complete this question only if you are intervening in this case.

See Schedule A.

## 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.

### Affected Party 1

Type \*  Organization  Individual

Organization Name

Carpenters Regional Council, Drywall Acoustic Lathing & Insulation, Local 675

First Name Stephen	Last Name Chedas	Position/Title
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Full Address (Number, Street, Unit/Apartment, Building Name) 222 Rowntree Dairy Road	Other Address Details (e.g. PO Box, R.R. #, c/o)
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City/Town Woodbridge	Province/State Ontario	Country Canada	Postal/Zip Code L4L 9R2
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Telephone Number 905-652-4140	Ext.	Fax Number 905-652-5930	Email Address schedas@ubcja.ca
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Tom Cardinal - tcardinal@ubcja.ca

### 2 (b). Representative/Contact Person for the Affected Party, if known

#### Contact 1

Contact Person for \*  All Parties above  Party No.(s) Affected Party 1

Indicate if this person is a  Lawyer  Paralegal

Organization Name

Caley Wray LLP

First Name Kathryn	Last Name * Carpentier	Position/Title lawyer
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Full Address (Number, Street, Unit/Apartment, Building Name) 65 Queen Street West, 16th Floor	Other Address Details (e.g. PO Box, R.R. #, c/o)
--	--

City/Town Toronto	Province/State Ontario	Country Canada	Postal/Zip Code M5H 2M5
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Telephone Number 416-775-4684	Ext.	Fax Number	Email Address carpentierk@caleywrap.com
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Additional Contact Information, if any (Assistant's Email Address, Alternate Telephone Numbers)

Rozana Singh - singhr@caleywrap.com

### 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. Provide a detailed description of unit of employers claimed by the Intervenor 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.

[See Schedule A.](#)

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**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 Schedule A.](#)

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**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:**

[See Schedule A.](#)

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**6. State the number of employers in the unit claimed by the Intervenor to be appropriate for accreditation as of the date the application was made:**

[See Schedule A.](#)

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**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:**

[See Schedule A.](#)

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**8. In respect of the order(s) requested by the Applicant, the Intervenor states:**

[See Schedule A.](#)

**9. Other relevant statements:**

**10. 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.

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

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

Attach documents electronically

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	Schedule A - WWCCA and Carpenters L. 49		0.25	<input type="checkbox"/>
2	Tab 1 - 1984.04.27 - ISCA Accreditation - 12		0.19	<input type="checkbox"/>
3	Tab 1 - 1984.04.27 - ISCA Accreditation - 12		0.01	<input type="checkbox"/>
4	Tab 2 - Local-675-Residential-Drywall-piece		0.43	<input type="checkbox"/>
5	Tab 3 - 2024.04.04 - MOA - ISCA L. 675 and		0.4	<input type="checkbox"/>
6	Tab 4 - Oshawa Area Signatory Contractors		0.23	<input type="checkbox"/>
		Total Size	1.51	
		Total space left over	13.49	
		Number of attachments	6	

## 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](http://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 e-filing 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](http://www.canlii.org). Some summaries and decisions may be found on the Board's website.

## 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

## Certificate of Delivery

I, Adela Zawadzki, law clerk,

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 whom the documents were delivered \*

Leslie A. Brown, Vereschagin & Brown LLP, counsel for the Applicant

Address or fax number to which the documents were delivered \*

25 Main Street West, Suite 500, Hamilton, Ontario L8P 1H1 EMAIL: lab@labourlaw.com and ncm@labourlaw.com

### Method of delivery \*

Hand Delivered  Courier  Fax  Regular Mail  Other

### Other Details \*

Please provide details as to whom, when and how the documents were delivered.

**BY EMAIL ONLY:** lab@labourlaw.com and ncm@labourlaw.com on April 29, 2024 at 210 pm

### Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

Kathryn Carpentier, Caley Wray LLP, counsel for the Affected Party, Carpenters Regional Council, Drywall Acoustic Lathing & Insulation, Local 675

Address or fax number to which the documents were delivered \*

65 Queen Street West, Suite 1600, Toronto, Ontario M5H 2M5 EMAIL: carpentierk@caleywrap.com and singhr@caleywrap.com

### Method of delivery \*

Hand Delivered  Courier  Fax  Regular Mail  Other

### Other Details \*

Please provide details as to whom, when and how the documents were delivered.

**BY EMAIL ONLY:** carpentierk@caleywrap.com and singhr@caleywrap.com on April 29, 2024 at 210 pm

### Delivered To

Name of organization (if applicable) and name and title of person to whom the documents were delivered \*

Kathryn Carpentier, Caley Wray LLP, counsel for the Responding Party, United Brotherhood of Carpenters and Joiners of America, Local 494

Address or fax number to which the documents were delivered \*

65 Queen Street West, Suite 1600, Toronto, Ontario M5H 2M5 EMAIL: carpentierk@caleywrap.com and singhr@caleywrap.com

### Method of delivery \*

Hand Delivered  Courier  Fax  Regular Mail  Other

### Other Details \*

Please provide details as to whom, when and how the documents were delivered.

**BY EMAIL ONLY:** carpentierk@caleywrap.com and singhr@caleywrap.com on April 29, 2024 at 210 pm





## 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 *
<a href="#">Adela</a>	<a href="#">Zawadzki</a>
Email Address *	Confirm Email Address *
<a href="mailto:azawadzki@somlaw.ca">azawadzki@somlaw.ca</a>	<a href="mailto:azawadzki@somlaw.ca">azawadzki@somlaw.ca</a>