INTERVENER APPLICATION FORM

Application re Hearing:		
GR	A - Centra	
Name of Prospective Int	ervener (Organization Name or I	ndividual):
Unifor hocal		
Prospective Intervener	Contact Information	
Organization or Individu	The state of the s	
39 Ke Herin	9 St	
wpg. Me	s. R3R122	
Organization Contact Pe	erson(s) (if applicable):	
Suzanne Kin	ng on Victor Diduch	
Contact Information:	Business:	Other Phone:
		204-791-1679 (VIC)
	Fax Number:	Email:
		sking @ hydro.mb.ca
Representative Contact Counsel or Representat		Vaiduch & hydro mbica
Organization (if different	from above) :	
	non in on	e
Address (if different from	n altove):	
Contact Information (if	Business	Other Phone:
different from above):		
	Fax Number:	Email:
Counsel Seniority:		The second of th
Years of	Tariff Rate	
Experience	Years	\$
Also representing (if app	plicable):	
, and reproductions (ii up)		

Additional Information

(For organizations only) Please describe the mandate of your organization and provide a description of the membership, including the number of members. Please also confirm whether the organization's intervention in this proceeding is supported by a resolution of the governing body, if any. Please enclose the resolution, if any, with your Application, along with supporting documentation of your mandate and membership

Union representing natural gas workers at Centra gas.
Approx: 250 nembers

Please state your reasons for intervening in this proceeding:

To ensure our membership + the public are represented.

Please state how you are directly affected by the Board's decision in this matter:

job, safety, cost.

Please explain whether and how you represent a substantial number of ratepayers that are otherwise not represented on issues that are within the scope of this proceeding:

Please describe your experience, information, or expertise relevant to this matter that would contribute to the Board's decision making, including any other prior interventions in regulatory matters before this Board or other decision-makers:

have interviended in the past. Wide Knowledge of the industry-

Please list the key iss	ues you intend to address in	the proceeding. Please be specific.
Cost, so	afety, collecti	ve agreement
B		
submission of evidend		uding attendance at hearings, nd cross examination of witnesses?
yes I	report.	on what is
· · · · · · · · · · · · · · · · · · ·		
you meet the criteria f	or an award of costs.	ır participation? Please explain how
M	0	
	n experts or consultants? If y	res, please attach copies of the as well as the following:
Expert Consultant #		
Name:	Experience	Evidence to be provided on issues in scope:
	Years	,
Telephone #:	Tariff Rate:	
	\$	*
Address and Email:	Firm or Organization:	Brief explanation of experience relevant to evidence to be provided:

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Manage	2: 	Filiano de la constitución de la
Name:	Experience:	Evidence to be provided on issues
· \		in scope:
	Years	
Telephone #:	Tariff Rate:	
	\$	
Address and Email:	Firm or organization:	Brief explanation of experience relevant to evidence to be provided:
Expert Consultant #: Name:	3: Years of Experience:	Evidence to be provided on issues in scope:
	Years	
Telephone #:	Taxiff Rate:	
	5	
Address and Email:	Firm or organization:	Brief explanation of experience relevant to evidence to be provided:

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consultants? If yes, please provide:	m witnesses other than experts and/or
Witness #1:	
Name:	Evidence to be provided on issues in scope:
Strance King Victor Diduct	Safety, burnertip, inspections other service
Email:	Brief explanation of relevant experience and/or knowledge to issues in scope:
Sking@hydro.mb.ca Vdiduch@hydro.mb.ca	Suranne - president of
Address and Phone number:	union
Same as	Victor - worked in
Same as first page	customer service +
Do you intent to seek approval for any evidence, including for which you inter	other form of participation or provision of and to seek an award of costs? If yes, please the relation to issues in scope in the proceeding.
No.	