



**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION**

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**ALTERNATIVE DISPUTE RESOLUTION
Residential Planned Community Association**

Mediator/Arbitrator Application Form
(Please Print or Type)

Name: _____

Address: _____

Phone Numbers: Business _____ Facsimile _____

Other _____

Profession: _____

Professional Certificates / Designations: _____

Arbitration applicants list major areas of specialization or subject expertise related to association knowledge/operation: real estate, CCRs, bylaws, budgets, accounting, injuries, construction, etc.:

Qualifications:

List formal mediation and/or arbitration training:

Course/Training Title: _____

Date: _____ Number of Hours _____

Provider: _____

Address: _____

Completion Validation: _____

Other notable training/experience:

(attach resume for extended qualifications)

Name of Mediation/Arbitration organization/service:

Address: _____

Phone: _____ Member since: _____

Resolution training/experience of community Associations:

Geographic Service Area:

Reno/Carson/Tahoe Area

Central Nevada

Northeastern Nevada

Greater Las Vegas Area

Please list foreign languages, or sign language, in which you have sufficient fluency to serve as a neutral:

Provide the name, address and telephone number of at least one reference who would know your capabilities and can attest to the information you have provided on this application:

Fee and Expense Practice:

➤ What will be the rate that you will be charging each party in the resolution event? _____

➤ What other fees or expenses will you charge for travel beyond 10 miles? _____

I CERTIFY that the above information and any other information I am submitting for this application is true and correct to the best of my knowledge and that I may be removed from the approved Division Neutral list for intentionally falsifying the information provided. False certification may also subject me to civil or criminal penalties. I understand that all of the information provided is a public record. I agree to comply with all provisions of the Chapter 38 Nevada Revised Statute and Assembly Bill 152.

If I am listed on the Division Neutral list, I agree to perform resolution services to the best of my ability in an ethical and proper manner and in accordance with the time provisions of the dispute process.

STATE OF _____

ss. COUNTY OF _____

I certify that this is a true and correct copy of a document in the possession of

AB 152 association resolution manual _____

Approved Disapproved by the Division

Date Notified _____

(name of person who presents the document)

My Commission Expires: _____

(Seal)