

Phone: (202) 606-5111

REQUEST FOR ARBITRATION PANEL

Please submit this form electronically at arbitration.fmcs.gov

1. EMPLOYER

Company Name:

Representative Name: (Last) (First)

Street:

City: State Zip Code:

Phone: Fax:

E-mail:

2. UNION

Union Name:

Representative Name: (Last) (First)

Street:

City: State Zip Code:

Phone: Fax:

E-mail:

3. Site of Dispute City: State Zip Code:

4. Select the panel of arbitrators from below or see "Special Requirements" on page 2. See [here](#) for more information on Geographic Designations

☐ Regional ☐ Sub-Regional ☐ Metropolitan ☐ 125 mile radius from site of dispute. ☐ 60 mile radius from site of dispute.

5. Type of Issue:

6. Panel Size: A panel of seven (7) names is usually provided. If this is a unilateral request, you must attach your relevant contract language which specifies a different number or "certify" on Page 2 that both parties have agreed to the number specified.

7. Type of Industry: ☐ Private Sector ☐ State or Local Government ☐ Federal Government

8. Payment: Payment is made through *Pay.gov*. Contact payments@fmcs.gov for assistance if you are having difficulty with the *Pay.gov* payment process.

9. Requestor Name: On behalf of: ☐ Employer ☐ Union

Privacy Act Statement. 29 U.S.C. § 172, et seq., authorize the FMCS to collect this information. The primary use of the information is to allow FMCS officials to maintain a roster of arbitrators. Additional disclosures of the information may be made: (1) to a Federal, State, or local law enforcement agency if FMCS becomes aware of a violation or potential violation of law or regulation; (2) to a court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to the National Archives and Records Administration or the General Services Administration in record management inspections; (4) to the Office of Management and Budget during legislative coordination on private relief legislation; (5) in a judicial or administrative proceeding if the information is relevant to the subject matter; (6) to provide arbitrator information to parties seeking arbitration services; and (7) information collected may be used by FMCS to provide information concerning FMCS trainings, events, presentations, conferences, and other educational opportunities and programs. This information is voluntary and will not be disclosed unless authorized by law. Failure to provide the requested information could result in not being included on FMCS's arbitration roster.

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SPECIAL REQUIREMENTS

Note: ALL requests on this page must be “**CERTIFIED**” as jointly agreed **AND** signed below.
Requests on this page will NOT be honored without proper certification.

- ☐ Select panel from **Nationwide**
- ☐ **EXPEDITED ARBITRATION** under FMCS Procedures
(See FMCS Arbitration Policies and Procedures, Subpart D, Section 1404.17 for specific requirements for Expedited Arbitration.)

ORGANIZATIONS or CERTIFICATIONS:

☐ Attorney ☐ AAA (American Arbitration Assoc.) ☐ Industrial Engineer ☐ NAA (National Academy of Arbitrators)

SPECIALIZATIONS:

Industry Specialization: _____

Issue Specialization: _____

ADDITIONAL REQUIREMENTS: (For example, geographical restrictions, exclusions of arbitrators)

A panel will be sent based upon the request of a single party. If “Special Requirements” are listed or “Expedited Arbitration” is requested, you **MUST** certify that all parties jointly agree to these requests. This also applies to additional panel requests. If your contract contains these “Special Requirements,” including “Expedited Arbitration,” submit a copy of the relevant contract language only. A submission of a panel should not be construed as anything more than compliance with a request and does not reflect on the substance or arbitrability of the issue(s) in dispute.

I certify that the above is jointly agreed.

Name:

Signature: