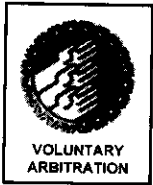


# VA Form 03 – Notice of Request for the Selection of Voluntary Arbitrator Form



## NOTICE OF REQUEST FOR THE SELECTION OF VOLUNTARY ARBITRATOR FORM 03-05

Date: \_\_\_\_\_

TO: THE NATIONAL CONCILIATION AND MEDIATION BOARD-REGIONAL BRANCH NO. \_\_\_\_\_

The parties herein agreed to submit the following issue/s to voluntary arbitration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

However, we were not able to agree on a common voluntary arbitrator. In this connection, the parties hereby request assistance for the selection and appointment of a voluntary arbitrator, pursuant to Section 3, Rule XIX, Department Order No. 40-03 subject to the following conditions:

1. Number of Voluntary Arbitrator

Single  Panel

2. Qualifications. We prefer that the arbitrator be familiar with the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Manner of Selection. We prefer that the arbitrator will be chosen from among the list of active Accredited Voluntary Arbitrators selected through the following manner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYER:

REPRESENTED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
POSITION/TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### UNION:

REPRESENTED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
POSITION/TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_