

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.

Signature

AB 152 association resolution manual: _____

Notary Public

Approved Disapproved by the Division

Date

Date Notified _____