APPLICATION FOR REAPPOINTMENT TO THE BMS ARBITRATOR ROSTER
MINNESOTA BUREAU OF MEDIATION SERVICES
1380 Energy Lane, Suite 2
St. Paul, MN  55108-5253
(612) 649-5421

Please type or print.

NAME: _______________________________________________________________

Last     First          MI

Address: _______________________________________________________________

_________________________________________________________________________________

Home Phone: ______________________________  Business Phone:  ______________________________ __

Date current appointment expires:  _____________________________________________________________

_________________________________________________________________________________________

Check the appropriate boxes below and include with this application any materials so noted.

___ Yes ___ No Are you a member of the National Academy of Arbitrators?

___ Yes ___ No Are you currently, or have you within the preceding twelve (12) months functioned as an
advocate of a private or public sector employer, employees, or union in any phase of labor
relations?  If yes, please attach a description of this relationship.

___ Yes ___ No Are you currently represented by an employee organization?  If yes, please identify:

___________________________________________________________________

___ Yes ___ No Are you now, or have you recently been, associated directly or indirectly in a managerial,
representational, or consultative relationship with any employers or union? (Partnership or
employment in a law firm which represents employers or unions in labor relations matters,
but in which the applicant does not personally participate, is an example of indirect
association in this context.)  If yes, please attach a description of this relationship

___ Yes ___ No Do you have any pertinent pecuniary interest in a company or labor organization which
would present or might appear to present a conflict of interest in all or part of your
responsibilities as an arbitrator?  If yes, please attach a description of any such
interests.

___ Yes ___ No Do you or any member of your family serve as a member of any Board of Directors, full or
part time representative or advocate, substantial stockholder, or in any other pertinent
capacity with any employer or union?  If yes, please attach a description of this
relationship?

APPLICATION FEE: A non-refundable application fee of $100.00 MUST accompany this application.  The fee
must be in the form of a check or money order payable to:  State of Minnesota, Bureau of Mediation Services.

I understand that renewal appointment to the BMS Arbitrator Roster is based on criteria outlined in Minn. Rules
5530.1200, subparts 1 to 7.  In connection with this application, I authorize the Bureau of Mediation Services
and any agent acting on its behalf to conduct an inquiry into any information pertinent to my potential placement
on the BMS Arbitrator Roster.  Moreover, I hereby release the Bureau and any agents acting on its behalf from
any and all liability of whatsoever nature by reason of requesting such information from any person.

Date: ________________________  Signature: __________________________________________________
Minnesota Rules, Part 5530.0600, Subpart 5, states:

Subp. 5. Domicile. To be eligible for appointment or continuation on the roster, individuals must maintain a principal place of residence in Minnesota or one of its contiguous states. The maintenance of a mail box or mail delivery point is not sufficient to satisfy the requirements of this subpart.

“Principal place of residence” is interpreted to mean your legal residence. The Bureau of Mediation Services will use the following information to determine legal residence.

1. In what state are you currently registered to vote? ______________

2. In what state(s) do you pay income taxes? ______________

3. Which state issued your current driver’s license? ______________

4. If you have residences in more than one state, which residence is your legal domicile?
   ________________

________________________________
Signature

________________________________
Date

Please return to:
Bureau of Mediation Services
1380 Energy Lane, Suite Two
St. Paul, MN  55108