



Request for Arbitration Panel for Airline System Boards of Adjustment

Date: _____

TO: Arbitration Services
 National Mediation Board
 Washington, DC 20005 or
 E-MAIL: ARB@NMB.GOV

Name of Carrier/Representative requesting the panel (please print or type):

Name of Carrier:			
Name of Representative to Receive Panel:		Address:	
Telephone Number:		City, State, Zip Code:	
Fax Number:		E-mail:	

Name of Union:			
Name of Representative to Receive Panel:		Address:	
Telephone Number:		City, State, Zip Code:	
Fax Number:		E-mail:	

Case Identification(s) Per Panel			

Panel - A panel of seven (7) names per case is usually provided; if you desire a different number please indicate that number in the box. →	
Special Requirements - (Note special arbitrator qualifications, time limitations on hearing or decision, geographical restrictions, etc.)	

Carrier Name and Signature:	
Union Name and Signature:	

Although the NMB prefers to act upon a joint request of the parties, a submission may be made based on the request of a single party if the relevant collective bargaining agreement so indicates. However, any 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 in dispute.