Form NMB-3 OMB No. 3140-0003 (Expiration Date 06/30/2009)

Revised June 2006

# 

# **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](mailto: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.