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

Revised June 2006

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# **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

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| --- |
| **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: |  |

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|  **Case Identification(s)**  **Per Panel** |  |  |   |
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| 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.)** |

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| --- | --- |
| **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.