

SMCS Arbitrator Information and Renewal Form

Return completed form to SMCS headquarters (Sacramento).

I. Arbitrator Name:

Business Phone:

Home Phone:

Fax Number:

Email Address:

II. Mailing addresses (if more than one, indicate which is your preferred address):

Northern California

Central California

Southern California

III. Regional Listings

Indicate the regions of the state for which you wish to be referred. **In doing so, you agree to bill from an address in the region (as above), from one of the PERB regional offices (Oakland for Northern CA, Sacramento for Central CA and Glendale for Southern CA) or your office (if closer).**

Northern CA (Oakland)

Central CA (Sacramento)

Southern CA (Glendale)

IV. Availability/Renewal of Listing

Mark the statement below that applies to your situation:

I am currently able to offer the parties at least five dates within a sixty-day period after selection;

I am currently available, but may not have five dates to offer the parties within a sixty-day period after selection; or

I do not wish to be listed by SMCS until _____ (enter date or "further notice").

Your signature indicates your agreement to the regional listing requirements and your understanding that the parties will receive your mailing address:

SIGNATURE

DATE