Division of Workers' Compensation Arbitrator Application

First Name of Arbitrator		Middle Initial	Last Name of Arbitrator	
Arbitrator Street address				
Arbitrator City			Arbitrator State	Arbitrator Zip Code
Office phone number	Cell phone number Fax	x number	E-mail address	
California Bar Members		ive member of th	ne California Bar ? 🗌 Yes 📃	No
Certified Workers' C Eligible to be Certified Method of eligibility 5 years experience 50 Continuing Edu	Compensation Specialist ied Workers' Compensation Speci	alist		ember
PRIMARY REPRESENTATION OFFICE AVAILABILIT	Y Applicant All North	Defendant All South		District Offices
Northern California	edding San Francisco linas San Jose cramento Santa Rosa Stockton	Southerr Ana Bak Gol Gro	s from which you will accept cases California heim Los Angeles ersfield Marina del Rey eta Oxnard ver Beach Pomona g Beach Riverside	 San Bernardino Santa Ana San Diego Van Nuys
Labor Code section 52	70.5 (b), I agree that I will ren	nove my name fr	e and correct to the best of my kno om an arbitration panel if I have so my firm has represented, any party	erved as a judge in
Date	Signed by			

After completion mail this form to Division of Workers' Compensation 1515 Clay Street, 17th Floor Oakland, CA 94612