

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
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E-mail: CICombudsman@red.nv.gov <http://red.nv.gov>

ALTERNATIVE DISPUTE RESOLUTION
MEDIATOR APPLICATION FORM
(Please Print or Type)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Daytime number: _____ Fax: _____ Cell: _____

NEVADA BAR ID# _____ Current Member Status: _____
Must be in good standing

Profession: _____

Professional Certificates / Designations: _____

Qualifications:

List Mediation format training/certifications. Include copies of any Certified Mediator certificates with the application.

Course/Training Titles: _____

Date(s): _____ Number of Hours: _____

Provider Name/Address: _____

Completion Validation: _____

(Attach additional training if applicable)

Name of Mediation/Arbitration organization or service:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Member Since: _____

