



# 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 number                      E-mail address

\_\_\_\_\_ Are you an active member of the California Bar ?    Yes    No  
 California Bar Membership Number

**QUALIFICATIONS PURSUANT TO LABOR CODE § 5270.5 (a):** *(Check the qualification that applies)*

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Workers' Compensation Specialist                                 | <input type="checkbox"/> Retired Appeals Board Member                      |
| <input type="checkbox"/> Eligible to be Certified Workers' Compensation Specialist                  | <input type="checkbox"/> Retired Workers' Compensation Judge               |
| <i>Method of eligibility</i>  | <input type="checkbox"/> Certified Workers' Compensation Pro-Tempore Judge |
| <input type="checkbox"/> 5 years experience as attorney   |  |
| <input type="checkbox"/> 50 Continuing Education Units in Workers' Compensation in the last 5 years |  |

PRIMARY REPRESENTATION                       Applicant    Defendant    Neither

OFFICE AVAILABILITY                       All North    All South    Statewide    Specific District Offices

If the specific district offices box is checked, below specify the offices from which you will accept cases. *(Check all that apply)*

**Northern California**

- |                                  |                                     |               |
|----------------------------------|-------------------------------------|---------------|
| <input type="checkbox"/> Fresno  | <input type="checkbox"/> Redding    | San Francisco |
| <input type="checkbox"/> Lodi    | <input type="checkbox"/> Salinas    | San Jose      |
| <input type="checkbox"/> Oakland | <input type="checkbox"/> Sacramento | Santa Rosa    |

**Southern California**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Anaheim     | <input type="checkbox"/> Marina del Rey | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Bakersfield | <input type="checkbox"/> Pomona         | <input type="checkbox"/> Santa Ana     |
| <input type="checkbox"/> Long Beach  | <input type="checkbox"/> Riverside      | <input type="checkbox"/> San Diego     |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Van Nuys      |

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge. Pursuant to Labor Code section 5270.5 (b), I agree that I will remove my name from an arbitration panel if I have served as a judge in any proceeding involving the same case, or if I have represented or if my firm has represented, any party in the same case.

\_\_\_\_\_  
 Date                                  Signed by

*After completion mail this form to*  
 Division of Workers' Compensation  
 1515 Clay Street, 17<sup>th</sup> Floor  
 Oakland, CA 94612  
 Attn: Arbitrator Applications