



**ARIAS·U.S.**  
**APPLICATION FOR CERTIFICATION AS UMPIRE**

**TO FILL OUT THIS FORM ON YOUR COMPUTER, REPLACE THE LINES WITH YOUR TEXT.  
ADD AS MUCH TEXT AS NEEDED TO FULLY ANSWER QUESTIONS. THEN, SAVE IT, PRINT IT, SIGN  
IT AND FOLLOW INSTRUCTIONS ON THE LAST PAGE.**

**PERSONAL INFORMATION**

FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

CELLULAR PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

UNDERGRADUATE EDUCATION:

(INSTITUTION AND LOCATION, DEGREE(S) EARNED, YEAR OF GRADUATION)

\_\_\_\_\_

\_\_\_\_\_

GRADUATE/PROFESSIONAL EDUCATION

(INSTITUTION AND LOCATION, DEGREE(S) EARNED, YEAR OF GRADUATION)

\_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL LICENSES/CREDENTIALS:

\_\_\_\_\_

\_\_\_\_\_

FELONY CONVICTIONS?      YES \_\_\_\_\_      NO \_\_\_\_\_

IF YES, INCLUDE EXPLANATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETION OF REQUIREMENTS**

**I. QUALIFICATION AS ARIAS U.S. CERTIFIED ARBITRATOR**

ARE YOU A CURRENT MEMBER IN GOOD STANDING OF ARIAS U.S.?

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CURRENTLY CERTIFIED AS AN ARIAS ARBITRATOR?

YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF INITIAL ARIAS ARBITRATOR CERTIFICATION: \_\_\_\_\_

IF DATE OF INITIAL ARIAS ARBITRATOR CERTIFICATION IS PRIOR TO JANUARY 1, 2009, DATE OF CERTIFICATION UNDER REQUIREMENTS EFFECTIVE AFTER JANUARY 1, 2009: \_\_\_\_\_

**II. PARTICIPATION AS AN ARBITRATOR OR UMPIRE IN FIVE (5) OR MORE INSURANCE OR REINSURANCE ARBITRATIONS, EACH THROUGH TO FINAL AWARD AFTER COMPLETION OF AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE PARTIES' DISPUTE ("QUALIFYING ARBITRATIONS")**

FOR QUALIFYING ARBITRATIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATES ON WHICH THE PANEL CONDUCTED AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE DISPUTE: \_\_\_\_\_

NAMES OF OTHER PANEL MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES ON WHICH THE PANEL CONDUCTED AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE DISPUTE: \_\_\_\_\_

NAMES OF OTHER PANEL MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES ON WHICH THE PANEL CONDUCTED AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE DISPUTE: \_\_\_\_\_

NAMES OF OTHER PANEL MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES ON WHICH THE PANEL CONDUCTED AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE DISPUTE: \_\_\_\_\_

NAMES OF OTHER PANEL MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATES ON WHICH THE PANEL CONDUCTED AN EVIDENTIARY HEARING OF AT LEAST THREE (3) FULL DAYS ON THE SUBSTANTIVE MERITS OF THE DISPUTE: \_\_\_\_\_

NAMES OF OTHER PANEL MEMBERS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. COMPLETION OF AT LEAST ONE (1) OF THE FIVE (5) QUALIFYING ARBITRATIONS DESCRIBED IN SECTION II, ABOVE, WITHIN FIVE (5) YEARS PRIOR TO APPLYING FOR UMPIRE CERTIFICATION**

DID AT LEAST ONE OF THE FIVE QUALIFYING ARBITRATIONS DESCRIBED IN SECTION II, ABOVE, TAKE PLACE WITHIN THE FIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION FOR UMPIRE CERTIFICATION?

Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER INFORMATION**

YOU ARE INVITED BUT NOT REQUIRED TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL SHOULD BE CONSIDERED BY THE BOARD OF DIRECTORS OF ARIAS·U.S.

**STATEMENT BY APPLICANT**

BY SIGNING AND SUBMITTING THIS APPLICATION TO ARIAS·U.S., I AGREE TO ABIDE BY AND BE SUBJECT TO THE *ARIAS·U.S. CODE OF CONDUCT* AND THE BY-LAWS OF ARIAS·U.S. I AFFIRM THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AFTER TAKING REASONABLE STEPS TO ENSURE ITS ACCURACY, AND UNDERSTAND THAT SUCH INFORMATION MAY BE VERIFIED BY ARIAS·U.S.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF SIGNATURE

MAIL COMPLETED FORM TO:

SARA MEIER, EXECUTIVE DIRECTOR  
ARIAS·U.S.  
7918 JONES BRANCH DR., SUITE 300  
MCLEAN, VA 22102

OR FAX TO 703-506-3266

OR (PREFERRED) EMAIL PDF OF SIGNED APPLICATION TO [CERTIFICATION@ARIAS-US.ORG](mailto:CERTIFICATION@ARIAS-US.ORG)