

INSTRUCTIONS AND APPLICATION FOR THE HOME WARRANTY DISPUTE RESOLUTION NEUTRAL

Introduction

In its 2010 session, the Minnesota legislature enacted legislation creating a home warranty dispute resolution process that homeowners and builders are required to employ before a homeowner warranty dispute may proceed to litigation pursuant to Minn. Stat. 327A. The goal of this legislation is to encourage and facilitate settlement of these disputes in order to limit the costs to all parties in these situations. The dispute resolution process is to be administered by the Minnesota Department of Labor and Industry (“DLI”).

The process intends to achieve this goal by providing the homeowner and the builder with a timely and inexpensive assessment of the scope of the dispute by an experienced and neutral third party. An individual who wishes to participate in this process by acting as a neutral has the opportunity to provide a valuable public service by enabling homeowners and builders to achieve resolution of warranty disputes while avoiding costly and lengthy litigation.

With that in mind, DLI has created the following application form to elicit, from potential neutrals, the information required to determine whether an individual is qualified to serve as a neutral.

While you complete this application, please bear in mind that all of the information you provide is deemed to be public data and may be shared with parties who submit their disputed to DLI for processing through the mandated home warranty dispute resolution process. Therefore, it is essential that the information you provide and the manner in which you present it, are thorough, accurate, and truthful. Homeowners and builders will be basing their decisions on which neutral to select based in large part on the information you provide in this application. Therefore, it is important for you to note that these instructions are deemed to be a part of the application form itself, as is your acknowledgment of your understanding of these instructions as indicated by your notarized signature on the application form.

As an approved neutral, you will also be required to complete a separate disclosure document when you are selected as a possible neutral to determine whether you have any potential conflicts of interest relating to the parties to the dispute.

If you have any questions regarding this application process, please contact DLI’s Charlie Durenberger by e-mail at ENE.DLI@state.mn.us or by telephone at (651) 284-5827.

INSTRUCTIONS

1. Contact Information

This section simply requires you to provide public information regarding your name, business address and other contact information, including the hourly rate you will charge.

2. Education

This section is intended to enable you to share all of the information DLI will need to understand and evaluate how your education qualifies you to act as neutral. In completing this section, you are asked to provide the names of the educational institutions you have attended, the dates of attendance, level of achievement (diploma, degree, certification, etc.) and your areas of study.

3. Residential Construction Experience

The purpose of this section is to solicit from you information relating to your professional experience that qualifies you to act as a neutral in evaluating homeowner warranty claims. Your responses in this section should focus on the nature of your experience, identify your employers and/or business names under which you conducted your own business, and how the experience relates to residential construction.

4. Professional Training

In this section, you are asked to provide information regarding the professional training you have received that relates to residential construction, professional engineering, dispute resolution, or any other related professional discipline that would enable you to be an effective neutral.

5. Professional Licensure, Certification, or Other Credential

In this section, you are asked to provide information regarding specific professional licenses, certifications, or other credentials you have held that would demonstrate your ability to be an effective neutral. In the column titled "Disciplinary Actions," please describe any formal disciplinary action, if any, that has been taken against any of your credentials. If none, please enter "N/A."

6. Potential Conflicts of Interest

Identification of potential conflicts of interest is likely to be the most important concern of the parties who will submit their disputes to the home warranty dispute resolution process. In addition to specific disclosure of any affiliation with a builder, insurer, engineering firm, law firm, trade, consumer, or other association, you are asked to provide a rough estimate of the ratio of how much of your residential construction-related experience can be characterized as being on behalf of homeowners or on behalf of homebuilders, which includes subcontractors and suppliers.

7. Affidavit

Your notarized signature under oath is required to attest to the truth of the information you provide in the application, as well as your complete and full disclosure of any potential conflict of interest in the consideration of any residential construction warranty claim. Your signature also attests to your commitment to conduct all of your evaluations in a completely neutral manner to the best of your ability.

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Home Warranty Dispute Resolution Program
 443 Lafayette Road N.
 St. Paul, MN 55155
 Phone: (651) 284-5069
 Fax: (651) 284-5746
www.dli.mn.gov/CCLD/ENE.asp
ENE.DLI@state.mn.us



Neutral Application

For home warranty dispute resolution pursuant to
 Minn. Stat. § 327A.051

The information you provide will be used by DLI to determine your qualifications to serve as a neutral and will be provided to the parties involved in home warranty dispute resolution process cases. The information you provide is presumed to be public data, unless it is otherwise protected. Minn. Stat. ch. 13. Please see the Instructions for more information.

Please complete this form in its entirety and submit to DLI along with a current resume and \$200 check payable to the State of Minnesota. Use additional sheets if necessary.

PRINT IN INK or TYPE your responses

1. CONTACT INFORMATION

NAME (first, middle, last)	PHONE NO.	FAX NO.
BUSINESS ADDRESS	CITY	STATE ZIP CODE
E-MAIL ADDRESS	HOURLY RATE YOU WILL CHARGE	

2. EDUCATION

NAME OF INSTITUTION	DATES ATTENDED	DIPLOMA/DEGREE ACHIEVED	FOCUS OF STUDY

3. RESIDENTIAL CONSTRUCTION INDUSTRY EXPERIENCE/EMPLOYMENT

NAME OF FIRM(S)	DATES OF AFFILIATION	POSITION(S) HELD	DESCRIPTION OF DUTIES/EXPERIENCE

4. PROFESSIONAL TRAINING

NAME OF COURSE	PROVIDER OF TRAINING	DESCRIPTION OF TRAINING	DATES ATTENDED

5. PROFESSIONAL LICENSURE, CERTIFICATION, REGISTRATION OR OTHER CREDENTIAL

TYPE OF LICENSE	ISSUER OF LICENSE	DATES HELD	LIC. CURRENT?	DISCIPLINARY ACTIONS

6. POTENTIAL CONFLICTS OF INTEREST In the space below, please identify any professional or personal affiliations that could present the appearance of a potential conflict of interest. Please also describe the ratio of your construction-related business that could be characterized as “pro-homeowner” vs. “pro-builder.”

7. AFFIDAVIT

“By signing this application I agree to promote the purpose of the home warranty dispute resolution process authorized by Minnesota Statutes § 327A.051, which is to assist parties in determining an agreeable scope of repair or other resolution to their dispute. I pledge that I will disclose any potential conflict of interest I may have, and that I will remain completely neutral in my evaluation of the information provided to me in the course of each early neutral evaluation in which I participate.

I further understand that the information I provide in this application may be released to parties that request to use the resolution process authorized by Minnesota Statutes § 327A.051, and to other persons that request the information, and I further state under oath that the information I have provided is true, correct, and complete.”

SIGNATURE OF APPLICANT (mandatory)	DATE
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SUBSCRIBED and sworn to before me on this _____ day of _____ 20____ by: _____
(Name of person making statement)

Notary Public My Commission expires: _____

ADDITIONAL INFORMATION:

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.