

STATE OF NEW HAMPSHIRE  
FAMILY MEDIATOR CERTIFICATION BOARD

**MEDIATOR - INITIAL APPLICATION**

*Instructions: Please print or type.  
Attach extra sheets if needed.  
If a section does not apply, note "NA."*

**Part 2: Confidential Personal Data (Fam 302.03b)**

1. Full name \_\_\_\_\_
2. Other names applicant has used within the last 5 years, dates any such name was used, and the reason for using such other names. \_\_\_\_\_  
\_\_\_\_\_
3. Home Address \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone Number \_\_\_\_\_
5. Home Email address (optional) \_\_\_\_\_
6. Date and place of birth \_\_\_\_\_
7. Current Employer's Name (or place of business) \_\_\_\_\_  
Employer's Address \_\_\_\_\_
8. List your other employers, or places of business for the past 5 years (if applicable).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Social Security number (per RSA 161-b:11) \_\_\_\_\_
10. Please list the names and addresses of the three (3) people who will mail under separate cover the letters of recommendation required by Fam 302.05.  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_