



DESIGN CLAIM CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Claim of

DCCP No. _____

Claimant(s),

REQUEST FOR APPROVAL TO
SUBMIT CLAIM TO AN ALTERNATIVE
DISPUTE RESOLUTION PROVIDER

vs.

Respondent(s).

**REQUEST FOR APPROVAL TO SUBMIT CLAIM
TO AN ALTERNATIVE DISPUTE RESOLUTION PROVIDER**

The undersigned parties, and/or attorneys or representatives of the parties in the above-captioned matter, respectfully request that the Director of the Department of Commerce and Consumer Affairs, approve the submittal of the above-referenced Design Claim Conciliation Panel claim to _____, an alternative dispute resolution provider, for disposition pursuant to Hawai'i Revised Statutes §672B-13.

DATED: Honolulu, Hawai'i, _____.

As _____

As _____

As _____

As _____

- [] The request to submit the claim to an alternative dispute resolution provider is granted.
- [] The request to submit the claim to an alternative dispute resolution provider is denied.

DATED: Honolulu, Hawai'i, _____.

RONALD BOYER
Director