



State of Rhode Island
Department of Attorney General
MOTOR VEHICLE ARBITRATION BOARD
CONSUMER PROTECTION UNIT



INSTRUCTIONS

1. Type or print, using black ink, the answers to all questions. Be accurate and thorough, brief where indicated. If additional space is needed, use blank sheets of paper and reference the section being continued. Use 8-1/2" x 11" paper for additional information. Please do not write on the reverse side of any page and do not staple or tape pages together.
2. A \$20.00 filing fee must accompany this application. Filing fee must be in the form of a certified check or money order, payable to the "**State of Rhode Island Department of Attorney General**". **DO NOT SEND CASH OR PERSONAL CHECKS.**
3. The purchaser(s) of the vehicle specified in this application must sign the Agreement to Arbitrate on Page 14 in the presence of a notary public or Commissioner of Superior Court. If a corporation owns the vehicle, an officer of the company must sign the Agreement to Arbitrate and represent the company in the arbitration proceedings.
4. If required in the warranty or owner's manual, you must send written notification to the manufacturer at the address indicated in the warranty or owner's manual of your intent to file a complaint under lemon law. Please provide a copy of the letter sent to the manufacturer with your Request for Arbitration.
5. Submit the Request for Arbitration, required documents, and filing fee to:

State of Rhode Island
Motor Vehicle Arbitration Board
Consumer Protection Unit
Department of Attorney General
150 South Main Street
Providence, RI 02903



Name of purchaser (s):

Street address:

City: State: Zip code:

Telephone: (indicate name if more than one purchaser)

Home: () Work: ()



Name of lien holder (s):

Street address:

City: State: Zip code:

Telephone: (indicate name if more than one lien holder)

() ()



Name of Legal Counsel:

Street address:

City: State: Zip code:

Telephone:



Year: Make / Manufacturer: Model:

Vehicle identification number:

Do you have an automatic or standard transmission:

Mileage at the time of purchase: Current miles:



Purchase date: Delivery date:

Did you receive a manufacturer's rebate? If yes, what amount? \$

Selling dealer:

Address

City: State: Zip code:

Are you the original purchaser? If no, name and address of the original purchaser (s) if known:

If the vehicle is financed and you were to prepay your loan, what is the current payoff * balance of the loan? \$ as of (date).

(*This differs from the balance of the loan. This information is available from your lending institution.)

Is the vehicle a sold or leased vehicle? **(Complete below only if the vehicle is leased).**

Name of leasing dealer:

Address:

City: State: Zip code:

Name of leasing company:

Address:

City: State: Zip code:



FROM (Date): _____ TO (Date): _____

Number of days the vehicle was in the shop for this service: _____

Repair Order Number: _____ Mileage: _____

Servicing Dealer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Was the repair covered by the terms of the manufacturer's new car warranty? _____

Amount you paid for this repair including a deductible, if any: _____

Describe the nature of the problem(s):

Multiple horizontal lines for describing the problem(s).

Indicate the repair(s) performed including the name and title, if known, of any person performing the repairs. Indicate the business address of the person performing the repairs if different from the servicing dealership.

Multiple horizontal lines for indicating repairs and business address.

Answer the following questions.

1. What is the total number of days the vehicle was at the dealership by reason of repair during the first **15,000 miles or one (1) year**, whichever occurred first? _____

2. What is the total number of days the vehicle was at the dealership by reason of repair from the date of purchase to the present? _____

3. Are you currently driving the vehicle? _____ If no, please explain.

4. Were you ever refused service of the vehicle by the dealer? If yes, explain.

5. Has the vehicle ever been in an accident or sustained damage? _____ If yes, explain.

Indicate the date of the incident and include a copy of estimates, repair orders and the accident report. _____

Has the damage been repaired? If yes, where and when was vehicle repaired?

Were the repairs covered by the manufacturer's new car warranty? _____

6. What is the period of the new car warranty? (years / miles)
Basic new car warranty: _____ years / _____ miles
Power train warranty: _____ years / _____ miles
Extended warranty: _____ years / _____ miles

From whom was the extended warranty purchased?

Include a copy of the extended warranty with your Request for Arbitration.

7. If required in the warranty or *owner's* manual, you must send written notification to the manufacturer **(not the dealer)** at the address indicated in the warranty or owner's manual of your intent to file a complaint under lemon law. Please provide a copy of the letter sent to the manufacturer with your Request for Arbitration. Please include copies of all written correspondence.

Name (Title) and address of contact:

Date of contact:

Result of contact:

8. Have you participated in any other arbitration or mediation program regarding this vehicle?
YES NO If yes, did you accept the award? _____ (Please provide copy).

9. The arbitration panel will ultimately determine a fair and equitable decision. Please select one of the following options to indicate what you believe would be a fair resolution.

- A) ***REPLACEMENT** with an identical or comparable vehicle. Include information relative to factory or dealer installed options, design characteristics, or color choices that would be essential in any replacement vehicle. Please do not include items that are not on your current vehicle.

***POSSIBLY NOT APPLICABLE TO LEASED VEHICLES**

- B) **REFUND** of the contract price. Note: Arbitrators *may* deduct an allowance for consumer's use of the vehicle. Indicate if applicable, why you feel you should *not* be assessed a mileage usage fee for the miles you were able to drive the vehicle.
Finance charges are normally reimbursed only for the days the vehicle was in for repair. Explain if applicable, why you feel you should be reimbursed for any finance charges.

C) OTHER

10. **TO BE ELIGIBLE FOR AN AWARD**, there must be a **SUBSTANTIAL LOSS OF USE, SAFETY OR VALUE**. Explain how the substantial loss of use, safety or value of this vehicle has been impaired. Briefly, describe the current condition of the vehicle and list any **defects(s) that still exist**. Be prepared to prove your allegations at the time of the hearing.

Lined area for text response to question 10.

11. List any routine maintenance performed on this vehicle (oil changes, tune-up, etc.). If you performed your own maintenance, you are still required to complete the list.

Type of maintenance		
Facility		
Work order invoice number		
Date	Cost	Mileage
Type of maintenance		
Facility		
Work order invoice number		
Date	Cost	Mileage
Type of maintenance		
Facility		
Work order invoice number		
Date	Cost	Mileage

AGREEMENT TO ARBITRATE

I verify that the information provided is true, accurate and complete to the best of my knowledge.

Purchaser' signature: _____ Date: _____

Purchaser' signature: _____ Date: _____

State of _____ County of _____

Subscribed and sworn to me on this _____ day of _____, 20_____.

Commissioner of the Superior Court or Notary Public

My Commission Expires: _____

CHECK LIST

Submit legible copies.

Do not write on the back of pages.

Do not staple pages together.

Submit information on 8-1/2" x 11" paper.

- Is the application notarized?
- Did you include the \$20.00 filing fee payable to the State of Rhode Island
- Protection?
- Copy of all work orders
- Copy of the original sales contract
- Copy of the motor vehicle registration
- Copy of the finance agreement, if financed
- Copy of the title, if the vehicle is not financed
- Copy of the **ENTIRE manufacturer's new car warranty book, (not owner's manual),** including the front cover that has your name, address, and Vehicle Identification Number
Do not submit the original book.
- Copy of the written notification to the manufacturer, if required.
- Copy of any receipts for:
 - Routine maintenance
 - Modifications to your vehicle
 - Extended warranty
 - Any items for which you are seeking reimbursement
 - Repairs that are not covered by the manufacturer's new car warranty
 - Accident information: police report, correspondence with insurance company, etc.

Leased Vehicles:

- Copy of the lease agreement
- Copy of the certified or registered letter to the leasing company and a copy of the postal receipt.

Notice: The public has the right to observe arbitration hearings. Documents submitted by the consumers or manufacturers are public records. **Hearings are held at:**

**State of Rhode Island
Motor Vehicle Arbitration Board
Consumer Protection Unit
Department of Attorney General
150 South Main Street
Providence, RI 02903**