MOTOR HOME - REQUEST FOR ARBITRATION

BEFORE YOU COMPLETE THIS FORM . . .

1. Read the Motor Home Lemon Law booklet. If you have any questions after reading the booklet contact the Lemon Law Administration at the telephone numbers listed below.

2. The minimum eligibility requirements for a vehicle are:
   - it must have been originally sold/leased at retail in Washington; and
   - the vehicle must also have had its initial registration in Washington (a non-resident military exemption may apply regarding the registration requirement).

3. The following are the minimum diagnosis/repair attempt requirements for a defect to provide the basis for a claim:
   - at least one (1) attempt followed by a final repair notice/opportunity to diagnose or repair an existing 'serious safety defect'; or
   - at least three (3) attempts followed by a final repair notice/opportunity to diagnose or repair an existing substantial defect ('nonconformity'); or
   - the vehicle has been out of service for 60 or more cumulative calendar days to diagnose or repair one or more substantial defects including days for a final repair notice/opportunity where a final repair notice has been sent to all manufacturers after 30 or more days out of service have accumulated.
   Note: If a manufacturer fails to respond timely to a final repair notice or fails to complete the repair within the time allowed, that manufacturer is not entitled to the final repair opportunity.

NOTE: THESE ARE NOT THE COMPLETE ELIGIBILITY REQUIREMENTS OF THE LEMON LAW. Read the Lemon Law Motor Home booklet carefully to be certain that your vehicle meets ALL the eligibility requirements.

4. A written request for repurchase or replacement of the motor home must be sent to all first stage, final stage and component manufacturers to initiate the arbitration process. The manufacturers should be allowed 40 days to respond before you submit this form to the Attorney General’s Office.

5. For a claim to be accepted for arbitration, a Request for Arbitration form must be received at one of the addresses listed below within 30 months of the vehicle’s original retail delivery date WHETHER OR NOT THE MANUFACTURERS’ 40 DAY RESPONSE PERIODS HAVE EXPIRED.

INSTRUCTIONS

1. Type or Print clearly and fully complete the Motor Home - Request for Arbitration form.
   Failure to complete this Request for Arbitration form or supply the requested documents may result in delay or rejection of your request for arbitration. A copy of your Request for Arbitration form and documents will be provided to the manufacturer if your claim is accepted for arbitration.

2. Attach copies of documents or records requested (Do Not Submit Originals). If you do not have the document(s) requested, send a written request to the source (i.e. dealer, manufacturer, etc.) asking for the needed documentation. If you do not receive the documents, attach to the form a copy of the letter requesting the document(s) or an explanation why the copies cannot included.

3. Submit your Request for Arbitration form and copies of documents to the address nearest you:

   Lemon Law Administration
   Office of the Attorney General
   800 5th Avenue, Suite 2000, TB-14
   Seattle, WA 98104-3188

   Lemon Law Administration
   Office of the Attorney General
   1116 W Riverside Avenue
   Spokane, WA 99201-1194

4. For additional information:
   CALL TOLL FREE: 1-800-541-8898
   LOCAL NUMBERS: KING COUNTY: 206-587-4240 and SPOKANE COUNTY: 509-456-3123
   EMAIL: LEMON@ATG.WA.GOV
   FAX: 206-464-6451
I. CONSUMER INFORMATION

Name: ___________________________ Last First Middle Initial

Please Print or Type

Address: ______________________________________________________
City: ____________________ State: ____________ ZIP: ____________

Phone: Day: (   ) __________ Evening: (   ) __________ Cell phone: (   ) __________
Email: ___________________________ Other registered owners: ___________________________

II. VEHICLE INFORMATION

Make: ________________ Model: ________________ Year: ______ Style: ________________
(Fleetwood, Winnebago, etc.) (Southwind, Sunseeker, etc.) (Class A, B, C or D, Van Camper, etc.)

Vehicle ID Number (VIN): __________________________ License Plate No.: ________________

Original Delivery Date (month/day/year): ________________ Present Mileage: ________________

Original Sales/Lease Dealer: ____________________________

Address: ____________________________________________

City: ____________________ State: ____________ ZIP: ____________

State in which vehicle was originally registered: ________________ Vehicle currently registered in: ________________

Are you the original Owner?  ❑ Yes  ❑ No

If no, you must submit a title history obtained from the Department of Licensing (call the Records Section at 360-902-4000 with the vehicle’s license number).

III. PREVIOUS CLAIMS

1. Have you previously filed a Request for Arbitration form regarding this vehicle?  ❑ Yes  ❑ No

2. Have you participated in any other dispute resolution program regarding this vehicle?  ❑ Yes  ❑ No

   If yes, identify program: ___________________________ Claim No. ___________________________

3. Has there been any court action regarding the claim you are making now?  ❑ Yes  ❑ No

   NOTE: If you answer yes, you must provide an explanation of current status and submit copies of relevant documents.

IV. REQUIRED DOCUMENTS

You must submit copies of the following documents. (See Instruction #2 on the front page of this form if you cannot provide all documentation.) Check the boxes below to identify the document copies that are submitted with this form.

DO NOT SEND ORIGINAL DOCUMENTS!

❑ Letters to each manufacturer (First Stage, Final Stage and Components) requesting a final repair attempt. If more than one, list each manufacturer, date of mailing and date received on a separate sheet of paper and attach.

   Manufacturer, date letter mailed and date received: __________________________________________

❑ Letters to each manufacturer requesting replacement or repurchase. If more than one, list each manufacturer, date of mailing and date received on a separate sheet of paper and attach.

   Manufacturer, date letter mailed and date received: __________________________________________

❑ Repair Orders Listed in Section V  ❑ Finance Agreement (if applicable)  ❑ Current Registration

❑ Purchase/Lease Agreement  ❑ Other: ___________________________
V. REPAIR HISTORY LISTED BY MANUFACTURER

If there is more than one defect, group by manufacturer and list each defect individually. When necessary, attach additional pages. Identify each attempt to diagnose or repair each defect. A repair order should be listed more than once if it relates to more than one defect. You must submit copies of repair orders; if any repair orders will not be submitted see Instruction #2.

<table>
<thead>
<tr>
<th>Defect 1: Attributed To Manufacturer:</th>
<th>☐ Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td></td>
</tr>
<tr>
<td>Is this a ‘serious safety defect’?</td>
<td>☐ Yes      ☐ No</td>
</tr>
<tr>
<td>Repair Order# Enclosed Dealer Returned to You Dealership Name Mileage</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Defect 2: Attributed To Manufacturer:</th>
<th>☐ Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td></td>
</tr>
<tr>
<td>Is this a ‘serious safety defect’?</td>
<td>☐ Yes      ☐ No</td>
</tr>
<tr>
<td>Repair Order# Enclosed Dealer Returned to You Dealership Name Mileage</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Defect 3: Attributed To Manufacturer:</th>
<th>☐ Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
<td></td>
</tr>
<tr>
<td>Is this a ‘serious safety defect’?</td>
<td>☐ Yes      ☐ No</td>
</tr>
<tr>
<td>Repair Order# Enclosed Dealer Returned to You Dealership Name Mileage</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Defect 4: Attributed To Manufacturer:</th>
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<td>Description:</td>
<td></td>
</tr>
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<td>Is this a ‘serious safety defect’?</td>
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</tr>
<tr>
<td>Repair Order# Enclosed Dealer Returned to You Dealership Name Mileage</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
</tbody>
</table>
### Defect 5: Attributed To Manufacturer: Not sure

**Description:**

<table>
<thead>
<tr>
<th>Is this a ‘serious safety defect’?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the defect currently exist in the vehicle?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Repair</th>
<th>Copy</th>
<th>Date to</th>
<th>Date Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order#</td>
<td>Enclosed</td>
<td>Dealer</td>
<td>Returned to You</td>
</tr>
</tbody>
</table>


### Defect 6: Attributed To Manufacturer: Not sure

**Description:**

<table>
<thead>
<tr>
<th>Is this a ‘serious safety defect’?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the defect currently exist in the vehicle?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Repair</th>
<th>Copy</th>
<th>Date to</th>
<th>Date Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order#</td>
<td>Enclosed</td>
<td>Dealer</td>
<td>Returned to You</td>
</tr>
</tbody>
</table>


### Defect 7: Attributed To Manufacturer: Not sure

**Description:**

<table>
<thead>
<tr>
<th>Is this a ‘serious safety defect’?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the defect currently exist in the vehicle?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Repair</th>
<th>Copy</th>
<th>Date to</th>
<th>Date Vehicle</th>
</tr>
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<tr>
<td>Order#</td>
<td>Enclosed</td>
<td>Dealer</td>
<td>Returned to You</td>
</tr>
</tbody>
</table>

- **Check this box** and provide a description on additional pages if you can list more than four (4) attempts to diagnose or repair a defect, or if your claim is based on more than seven (7) defects.

- **Check this box** if your motor home has been out-of-service for a combined total of 60 or more days for diagnosis or repair of substantial defects.

- **Check this box** if your motor home has been out-of-service for a combined total of 30 or more cumulative calendar days and the manufacturers failed to respond to the final repair notices.
Final Stage Manufacturer
(i.e. the manufacturer that completed the motor home)

Firm Name: ____________________________
Address: ______________________________
Telephone: ___________ FAX: ___________ Email: _______________________
Contact name /title: ____________________________

☒ I have enclosed a copy of this manufacturer's written warranty.
This warranty covers: _______________ Months: _______________ Miles: _______________

First Stage Manufacturer
(i.e. manufacturer of chassis, chassis cab, van)

Firm Name: ____________________________
Address: ______________________________
Telephone: ___________ FAX: ___________ Email: _______________________
Contact name /title: ____________________________

☒ I have enclosed a copy of this manufacturer’s written warranty.
This warranty covers: _______________ Months: _______________ Miles: _______________

Component Manufacturer 1
(e.g. other than the First or Final Stage Manufacturers, the manufacturers that directly warranted to you
the Lemon Law covered portions of the motor home that are included in your Lemon Law claim like
manufacturers of the engine, transmission, brake system, etc.)

Firm Name: ____________________________
Address: ______________________________
Telephone: ___________ FAX: ___________ Email: _______________________
Contact name /title: ____________________________

☒ I have enclosed a copy of this manufacturer’s written warranty.
This warranty covers: _______________ Months: _______________ Miles: _______________

Component Manufacturer 2

Firm Name: ____________________________
Address: ______________________________
Telephone: ___________ FAX: ___________ Email: _______________________
Contact name /title: ____________________________

☒ I have enclosed a copy of this manufacturer’s written warranty.
This warranty covers: _______________ Months: _______________ Miles: _______________

If your claim includes additional defects warranted by other component manufacturers, please provide an
additional page identifying the above information for each.
VI. FINANCIAL INFORMATION

The following information will be necessary to calculate an award if it is determined that your vehicle should be replaced or repurchased. Most of the information can be found in the documents identified as REQUIRED DOCUMENTS in Section IV. Additional bills receipts or other proofs of payments must be submitted if you have paid any additional sales or repair related items including alternate transportation costs, towing charges, etc.

- Finance Charge: Identify interest payments for your loan or payment total for a lease.
- Service Contract, Undercoating or Rust-proofing Costs
- Credit Disability and Credit Life Insurance Costs
- Factory/Dealer Installed Options Costs
- Other Sales or Repair Related Costs
- Transportation or Dealer Prep Charges

Finance/Lease Company: _____________________________
Address: _______________________________________
City: _____________________________ State: __________ ZIP: __________

VII. SCHEDULING INFORMATION

Please indicate the location(s) where you would be able to attend an arbitration hearing:

☑ Seattle ☑ Tacoma ☑ Bellingham ☑ Vancouver ☑ Spokane ☑ Yakima ☑ Tri-Cities

Please list any dates during the next 60 days when you (or your attorney, if you have one) would not be available for an arbitration hearing: _____________________________

Please indicate the hours you would prefer for your arbitration hearing:

☑ Business hours ☑ Monday-Thursday nights ☑ No preference

You have the right to be represented by an attorney.
Are you represented by an attorney? ☑ Yes ☑ No If yes, provide the following information:

Attorney Name: _____________________________
Phone (     ) _____________________________ Email: _____________________________
Firm Name: _____________________________
Firm Address: _____________________________
City: _____________________________ State: __________ ZIP: __________

NOTE: If you are represented by an attorney, correspondence will be directed to your attorney and a copy sent to you.

VIII. SIGNATURE

Select a format to receive additional Lemon Law information: ☑ VHS ☑ CD ☑ DVD
At the arbitration hearing you will be asked to decide whether you want the vehicle repurchased or replaced. At the present time, which do you prefer?

☑ Replacement ☑ Repurchase

In the event that my vehicle is ordered repurchased or replaced I give permission to lienholders on the vehicle to release to the vehicle manufacturer documents and information to enable the manufacturer to comply with the arbitration decision.

I have read the above information and declare it to be true and accurate to the best of my knowledge.

NOTE: ALL REGISTERED OWNERS MUST SIGN BELOW.

Signature _____________________________ County _________ Date _________
Signature _____________________________ County _________ Date _________
Signature _____________________________ County _________ Date _________