

# Motor Vehicle LEMON LAW

RCW 19.118

File No. \_\_\_\_\_

Consumer: \_\_\_\_\_

Vehicle: \_\_\_\_\_

VIN No. \_\_\_\_\_

## 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 be 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 INTERNET: [www.atg.wa.gov](http://www.atg.wa.gov)  
LOCAL NUMBERS: KING COUNTY: 206-587-4240 and SPOKANE COUNTY: 509-456-3123  
EMAIL: [LEMON@ATG.WA.GOV](mailto:LEMON@ATG.WA.GOV) FAX: 206-464-6451



## 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.

**Defect 1: Attributed To Manufacturer:** \_\_\_\_\_  Not sure

Description: \_\_\_\_\_

Is this a 'serious safety defect'?  Yes  No Does the defect currently exist in the vehicle?  Yes  No

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned to You	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

**Defect 2: Attributed To Manufacturer:** \_\_\_\_\_  Not sure

Description: \_\_\_\_\_

Is this a 'serious safety defect'?  Yes  No Does the defect currently exist in the vehicle?  Yes  No

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned to You	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

**Defect 3: Attributed To Manufacturer:** \_\_\_\_\_  Not sure

Description: \_\_\_\_\_

Is this a 'serious safety defect'?  Yes  No Does the defect currently exist in the vehicle?  Yes  No

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned to You	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

**Defect 4: Attributed To Manufacturer:** \_\_\_\_\_  Not sure

Description: \_\_\_\_\_

Is this a 'serious safety defect'?  Yes  No Does the defect currently exist in the vehicle?  Yes  No

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned to You	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

## V. REPAIR HISTORY LISTED BY MANUFACTURER - continued

**Defect 5: Attributed To Manufacturer:** \_\_\_\_\_  Not sure

Description: \_\_\_\_\_

Is this a 'serious safety defect'?  Yes  No Does the defect currently exist in the vehicle?  Yes  No

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned to You	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

**Defect 6: Attributed To Manufacturer:** \_\_\_\_\_  Not sure

Description: \_\_\_\_\_

Is this a 'serious safety defect'?  Yes  No Does the defect currently exist in the vehicle?  Yes  No

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned to You	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

**Defect 7: Attributed To Manufacturer:** \_\_\_\_\_  Not sure

Description: \_\_\_\_\_

Is this a 'serious safety defect'?  Yes  No Does the defect currently exist in the vehicle?  Yes  No

Repair Order#	Copy Enclosed	Date to Dealer	Date Vehicle Returned to You	Dealership Name	Mileage
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____	_____

- 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.

# MOTOR HOME MANUFACTURER INFORMATION

## 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 \_\_\_\_\_