

REQUEST FOR ARBITRATION

BEFORE YOU COMPLETE THIS FORM:

1. Read the Motor Vehicle Lemon Law booklet. If you have any questions after reading the booklet contact the Lemon Law Administration at the telephone numbers listed below. **NOTE: These are not the complete Eligibility Requirements of the Lemon law.** Read the Lemon Law booklet carefully to be certain that your vehicle meets ALL the eligibility requirements.
2. The minimum eligibility requirements for a vehicle are:
 - originally sold/leased at retail in Washington or
 - The vehicle belongs to an active member of the military living or stationed in Washington but was purchased or leased in another state and otherwise meets the definition of a "new motor vehicle".
3. The following are the minimum diagnosis/repair attempt requirements for a defect to provide the basis for a claim:
 - Two (2) attempts to diagnose or repair an existing 'serious safety defect'; or
 - Two or more 'serious safety defects' have occurred within 12 months (existing or repaired) during the eligibility period; or
 - Four (4) attempts to diagnose or repair an existing substantial defect ('nonconformity'); or
 - The vehicle must have been out of service for 30 or more cumulative calendar days to diagnose or repair one or more substantial defects.
4. A written request for repurchase or replacement of the vehicle must be sent to the vehicle's manufacturer to initiate the arbitration process. The manufacturer 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 by the Lemon Law Administration within 30 months of the vehicle's original retail delivery date WHETHER OR NOT THE MANUFACTURER'S 40 DAY RESPONSE PERIOD HAS EXPIRED.

INSTRUCTIONS

1. **Type or Print clearly and fully complete the Request for Arbitration form.**
An incomplete Request for Arbitration form or missing documents may result in delay or rejection of your request for arbitration. A copy of your Request for Arbitration form and documents will be a public record and will be provided to the manufacturer if your claim is accepted for arbitration.
2. **Attach copies of documents or records requested (Please Do Not Submit Originals).** If you do not have a specific document, send a written request to the source (i.e. dealer, manufacturer, etc.) asking for the needed documentation. If you do not receive the requested documents, include a copy of the letter requesting the document(s) or an explanation why the copies cannot be provided with this form. You are entitled to a copy of Technical Service Bulletins (TSBs) from the manufacturer or the original selling dealership upon request. TSBs are directions from the manufacturer to the authorized service departments about problems found in the model including how to diagnose and repair it.
3. **Submit your Request for Arbitration form and copies of documents to:**

Paper copies to:	Lemon Law Administration Office of the Attorney General 800 5th Avenue, Suite 2000 Seattle, WA 98104-3188	PDF copies to:	lemon@atg.wa.gov
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For additional information: Call Toll Free in WA: 1-800-541-8898 Local: 206-587-4240

Website: www.atg.wa.gov

Email: lemon@atg.wa.gov

Fax: 206-587-5636

I. CONSUMER INFORMATION

Name: _____
Please Print or Type *Last* *First* *Middle Initial*

Address: _____

City: _____ State: _____ ZIP: _____

Phone: Day: (____) _____ Evening: (____) _____ Cell phone: (____) _____

E-mail: _____

Other registered owners: _____

II. VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____
(Chevrolet, Ford, Dodge, Nissan, etc.) *(F-150, Grand Cherokee, etc.)*

Vehicle ID Number (VIN): _____ License Plate No.: _____

Style: _____ Fuel Type: Gas Hybrid Electric
Car, Motorcycle, Truck, SUV, etc.)

Delivery Date (mm/dd/year): ____ - ____ - ____ Original Dealer: _____

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 360-902-3770 with the vehicle's license number).

Has the vehicle had any non-warranty repairs e.g. due to fire, theft, vandalism, or collision.? Yes No

III. YOUR CLAIM

What is the basis for your Request for Arbitration under the Lemon Law? Check all that apply.

- Multiple Serious Safety Defects within 12 months
- Existing Serious Safety Defect with 2 or more attempts to diagnose or repair
- Existing Nonconformity with 4 or more attempts to diagnose or repair
- 30 or more cumulative days out-of-service due to diagnosis or repair

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 Undecided

IV. PREVIOUS CLAIMS

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

V. 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. PLEASE DO NOT SEND ORIGINAL DOCUMENTS!

- Letter to the Manufacturer Requesting Replacement or Repurchase
Date Letter Mailed/Received: ____ - ____ - ____
- Repair Orders Listed in Section V. Finance/Lease Agreement Current Registration
- Purchase Order/Agreement All records for non-warranty repairs e.g. due to vandalism or collision.

You must provide a written explanation and/or a copy of letter(s) to the information source requesting the missing documents regarding copies of all documents not submitted with this form.

VI. REPAIR HISTORY

List each defect individually which is the basis for your Lemon Law claim.

- Identify each attempt to diagnose or repair each defect.
- Add pages as needed to provide a comprehensive history.
- 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 a repair order are not enclosed, please see Instruction #2.

Defect 1

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

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

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

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 four (4) defects.

VII. FINANCIAL INFORMATION

The following information is necessary to calculate an award if it is determined that your vehicle should be replaced or repurchased. You will be sent a complete calculation form when your claim is accepted for arbitration.

-
-
-
-
- Transportation or Dealer Prep Charges
- DDD

Finance/Lease Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

VIII. CORRESPONDENCE AND SCHEDULING INFORMATION

You want to receive communications from the Lemon Law Administration by:

- E-mail or Postal mail Note: If you have an attorney, you will receive copies of all correspondence.

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

- Seattle Tacoma Tri-Cities Vancouver Spokane

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

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

- Morning hours Afternoon Hours No preference

You have the right to be represented by an attorney.

Are you represented by an attorney? No Yes If yes, provide the following information:

Attorney Name: _____

Phone (_____) _____ E-mail: _____

Firm Name: _____

Firm Address: _____

City: _____ State: _____ ZIP: _____

IX. SIGNATURE

If my vehicle is ordered repurchased or replaced I give permission to lienholder (above) to release loan documents and information to enable the manufacturer to comply with the arbitration decision.

I understand that the records submitted are public records and copies will be provided to the manufacturer.

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 _____