

# Motor Vehicle LEMON LAW

RCW 19.118

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

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

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

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

## 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.
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:**
  - two (2) attempts to diagnose or repair an existing 'serious safety defect'; *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.

**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.**

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 at one of the addresses listed below 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.**  
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, include a copy of the letter requesting the document(s) or an explanation why the copies cannot be provided with this form.
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

## I. CONSUMER INFORMATION

Name: \_\_\_\_\_  
*Please Print or Type*                      *Last*    *First*    *Middle Initial*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Day: (     ) \_\_\_\_\_ Evening: (     ) \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_ Other registered owners: \_\_\_\_\_

## II. VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Style: \_\_\_\_\_  
*(Chevrolet, Ford, Dodge, Nissan, etc.)*                      *(F-150, Grand Cherokee, etc.)*    *(Car, Motorcycle, Truck, SUV, 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!**

- Letter to the Manufacturer Requesting Replacement or Repurchase

Date Letter Mailed/Received: \_\_\_\_\_

- Repair Orders Listed in Section V                       Finance Agreement (if applicable)

- Current Registration     Purchase/Lease Agreement

- Other: \_\_\_\_\_

**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.**

## V. REPAIR HISTORY

**If there is more than one defect, list each 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**

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.

**Check this box** if your vehicle has been out-of-service for 30 or more days for diagnosis or repair of substantial defects *and* 15 of those days were during the manufacturer warranty *and* within 2 years of the vehicle's original retail delivery date *and* within 24,000 miles of operation.

## 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 bill 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 \_\_\_\_\_