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
<table>
<thead>
<tr>
<th>Name of purchaser(s):</th>
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<tbody>
<tr>
<td>Street address:</td>
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<tr>
<td>City:</td>
<td>State:</td>
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<tr>
<td>Telephone: (indicate name if more than one purchaser)</td>
<td></td>
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<tr>
<td>Home: (    )</td>
<td>Work: (    )</td>
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<tr>
<td>Name of lien holder(s):</td>
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<td>Street address:</td>
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<td>City:</td>
<td>State:</td>
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<td>Telephone: (indicate name if more than one lien holder)</td>
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<tr>
<td>Name of Legal Counsel:</td>
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<td>Street address:</td>
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<td>City:</td>
<td>State:</td>
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<td>Telephone:</td>
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<tr>
<td>Year:</td>
<td>Make / Manufacturer:</td>
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<tr>
<td>Vehicle identification number:</td>
<td></td>
</tr>
<tr>
<td>Do you have an automatic or standard transmission:</td>
<td></td>
</tr>
<tr>
<td>Mileage at the time of purchase:</td>
<td>Current miles:</td>
</tr>
<tr>
<td>Purchase date:</td>
<td>Delivery date:</td>
</tr>
<tr>
<td>Did you receive a manufacturer’s rebate?</td>
<td>If yes, what amount? $</td>
</tr>
<tr>
<td>Selling dealer:</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Are you the original purchaser?</td>
<td>If no, name and address of the original purchaser(s) if known:</td>
</tr>
<tr>
<td>If the vehicle is financed and you were to prepay your loan, what is the current payoff * balance of the loan? $</td>
<td>as of (date).</td>
</tr>
</tbody>
</table>

(*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.*

<table>
<thead>
<tr>
<th>Name of leasing dealer:</th>
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<tbody>
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<td>Address:</td>
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<td>City:</td>
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<tr>
<th>Name of leasing company:</th>
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Request for Arbitration

**On the following pages provide information regarding all repair attempts.** List each repair attempt on a separate page. Begin with the first occurrence. Be sure to include all pertinent information such as problems you *have* experienced with your vehicle, any towing charges *incurred*, work performed, *and* what the servicing dealer told you, *etc.* If known, give name and title of the person with whom you spoke. If you wrote to the dealer or the manufacturer, provide a copy of the correspondence.

<table>
<thead>
<tr>
<th>FROM (Date):</th>
<th>TO (Date):</th>
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</thead>
<tbody>
<tr>
<td>Number of days the vehicle was in the shop for this service:</td>
<td></td>
</tr>
<tr>
<td>Repair Order Number:</td>
<td>Mileage:</td>
</tr>
<tr>
<td>Servicing Dealer:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
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<tr>
<td>City:</td>
<td>State:</td>
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<tr>
<td>Was the repair covered by the terms of the manufacturer’s new car warranty?</td>
<td></td>
</tr>
<tr>
<td>Amount you paid for this repair including a deductible, if any:</td>
<td></td>
</tr>
</tbody>
</table>

Describe the nature of 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.

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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):

__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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.

__________________________________________________________________________
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__________________________________________________________________________
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):

____________________________________________________________________________________________________________________

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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):

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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.

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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):  

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.
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):

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.
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.

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*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.

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________________________________________________________________________

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.

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.

<table>
<thead>
<tr>
<th>Type of maintenance</th>
<th>Facility</th>
<th>Work order invoice number</th>
<th>Date</th>
<th>Cost</th>
<th>Mileage</th>
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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