

Massachusetts New Car Lemon Law Mediation and Arbitration Program

Application for Arbitration INSTRUCTIONS updated 2016

Office of Consumer Affairs and Business Regulation
New Car Lemon Law Mediation and Arbitration Program
10 Park Plaza, Suite 5170
Boston, MA 02116
(617) 973-8700
Toll Free (888) 283-3757
TTY/TDD (617) 973-8790

- **Please read and follow these instructions very carefully.** New Car Lemon Law Arbitration is not for everyone. Many people have problems with new cars, but not all new car problems are covered by the New & Leased Car Lemon Law.

An Application for Arbitration is not the same as filing a complaint. If you are unsure whether you qualify for Arbitration, please obtain and read a copy of The Consumer's Guide to the New and Leased Car Lemon Law from the Office of Consumer Affairs and Business Regulation. It will give you a detailed explanation of what the law covers.

- Your Application for Arbitration must be received by the Office of Consumer Affairs and Business Regulation within 18 months of original date of delivery of the vehicle to you. When your application is received, the OCABR staff will review it to make sure that it meets the preliminary requirements for acceptance into the arbitration program. If your application is denied, you will be notified by mail of why your vehicle does not qualify and of other options that may be open to you. If your application is approved, you and the manufacturer will be notified by mail and your case will be assigned a hearing date, time, and location.
- You must submit **THREE** complete collated copies of all materials, including this application and its required attachments. Do not leave any blank spaces. Do not make references to attachments instead of completing questions. All copies must be legible. **Failure to submit THREE complete collated copies with all of the required attachments will result in the rejection of your application.** Please retain a complete copy for your own records as well.
- Mediation services are also available for New Car Lemon Law disputes. Contact the Office of Consumer Affairs and Business Regulation at (617) 973-8700 for more information.

Required Attachments

You must send THREE complete collated copies of all materials, including this application and the required attachments listed below. Failure to submit THREE complete collated copies with all of the required attachments listed below could result in the rejection of your application.

Use this checklist to be sure that all requested attachments are enclosed:

- _____ The request for arbitration form.
- _____ The final repair opportunity letter to the manufacturer (A written statement should be included to explain any other types of notice.)
- _____ The manufacturer's written response to the final repair opportunity or an explanation of the manufacturer's verbal response.
- _____ Any repair work orders (If you were unable to obtain copies, please include a written statement explaining the attempts you have made to date to obtain copies.)
- _____ A copy of the original motor vehicle registration form (This is a full page document called the RMV1. If you do not have a copy, contact your insurance company and request that a copy be sent to you.)
- _____ A copy of the current motor vehicle registration form.
- _____ The manufacturer's warranty.
- _____ Statement of finance charges paid to date from financing company.
- _____ Bill of sale or purchase contract.

The documents listed above must be submitted with your arbitration application.

It is important that the arbitrator understands the basis for your claim. Therefore, you must also bring the following documents to the hearing. (NOTE: you must also bring your vehicle to the arbitration hearing.) It is not necessary to submit them at this time:

- Receipts for any incidental costs you are claiming
- Originals of any documents relative to the purchase or repair of your vehicle
- Maintenance records

Request for New Car Arbitration

Section 1: Personal Information

Name: _____

Address: _____

City, State, and ZIP Code:

Daytime Telephone Number:

Evening Telephone Number: _____

Section 2: Information on Your Vehicle

Manufacturer: _____

Model: _____

Model Year:

Vehicle Identification Number (VIN): _____

Name of dealer where purchased:

Address of dealer where purchased:

City, State, and ZIP Code of dealer:

Dealer's Telephone Number: _____

IF YOU LEASED YOUR VEHICLE AFTER JULY 1, 1997, STOP. YOU MUST FILL OUT A LEASED VEHICLE ARBITRATION APPLICATION, AVAILABLE FROM CONSUMER AFFAIRS.

Date contract was signed: _____

Date of actual delivery to you (date you took vehicle out of showroom): _____

Mileage at time of delivery: _____

Mileage now: _____

Did you purchase a used vehicle? If yes, please give the name and address of the previous owner.

Did you purchase a demonstrator vehicle? If yes, please give the date the vehicle was originally put in service by the dealer or manufacturer.

If you answer "yes" to any of the following questions, please enclose a written explanation.

- Is your vehicle used primarily for business purposes? _____
- Did you lease your vehicle before July 1, 1997? _____
- Is your vehicle an auto home or built primarily for off-road use? _____
- Are any of your vehicle's defects the result of owner negligence, accident, vandalism, or a repair attempt made by someone other than the manufacturer, its agent or authorized dealer? _____

Section 3: Information on Your Vehicle's Defects

List all defects covered under the warranty. Explain how the defect(s) substantially impair either the use, safety, or market value of the vehicle. Attach a separate sheet if necessary.

1.Defect: _____

This defect substantially impairs the vehicle's (check all that apply)
 _____ use, _____ safety, _____ market value

Explain how it substantially impairs the use, safety or market value of the vehicle:

2.Defect: _____

This defect substantially impairs the vehicle's (check all that apply)
 _____ use, _____ safety, _____ market value

Explain how it substantially impairs the use, safety or market value of the vehicle:

3.Defect: _____

This defect substantially impairs the vehicle's (check all that apply)
 _____ use, _____ safety, _____ market value

Explain how it substantially impairs the use, safety or market value of the vehicle:

Please check either or both of these statements to indicate which apply to your vehicle.

My vehicle was repaired three or more times for the same defect. _____

My vehicle was out of service because of repair of any combination of substantial defects for a total of 15 or more business days. _____

Please list all repair attempts made under the New Car Lemon Law. Group all repairs for the same defect together. If the dealer refused to accept the vehicle for repairs, please note that in the "Date Out" section.

EXAMPLES:

Defect or Symptom	Date In	Date Out	No. of Business Days in Shop	Odometer Reading
Vehicle Stalls	4/15/97	4/16/97	2	7,153
Vehicle Stalls	4/20/97	4/20/97	1	7,501
Brakes Fail	5/1/97	Dealer Refused	11+	7,005

Defect or Symptom	Date In	Date Out	No. of Business Days in Shop	Odometer Reading
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe which problems continued to exist or recurred after the 3 attempts or 15 business days, and within the one year and 15,000 mile term of protection.

Was the manufacturer given notice of a final repair opportunity to repair the vehicle? If you sent a letter, please enclose a copy. If another method was used, please explain here:

On what date the manufacturer receive notice of your request for a final repair ?

Explain briefly the manufacturer’s response to your request for a final repair opportunity. Enclose copies of any written response.

If the manufacturer used the final opportunity to attempt repairs, please indicate:

Defect or Symptom	Date In	Date Out	No. of Business Days in Shop	Odometer Reading
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Please describe which problems continued to exist or recurred after the final repair opportunity.

Did you inform the manufacturer of these continuing defects and did you request a refund or replacement vehicle?

Did the manufacturer refuse to refund or replace the vehicle?

Section 4: Information about Your Expenses

Purchase Price of Car (minus any trade-in allowance):

Trade-In Value Allowed:

Dealer-Added Options: _____
Total Contract Price: _____
Additional Expenses (list all that apply): _____
Total Finance Charges paid as of _____ (date): _____
Sales Tax: _____
Registration Fees: _____
Extended Warranty: _____
Non-reimbursed Towing Charges _____
Non-reimbursed Costs for Alternate Transportation _____
Repair Charges _____
Credit Life/Disability Insurance: _____
Documentary Preparation Fee: _____
Settlements or Awards Received: _____
Other: _____

Please Note: You are required to bring documentation of these expenses to your arbitration or mediation hearing.

Section 5: Optional Narrative Statement

You may include a separate written statement of your experience with your vehicle. Please describe events in chronological order, indicating which problems were and were not repaired each time.

Section 6: Request for Arbitration

I hereby request that the Office of Consumer Affairs and Business Regulation arbitrate my new motor vehicle case. I certify that the manufacturer has not given me a refund or a replacement, and that all statements made in connection with this Request for Arbitration are true to the best of my knowledge. I understand that this document and its attachments are public records.

Signed: _____ Date: _____

Is this your first request for arbitration? _____
If it is not, please explain on a separate piece of paper the status of your prior request.

If you wish to present evidence in writing only, please check here: _____
Please note: The manufacturer may still testify in person.

Have you received a copy of the New Vehicle Consumer Arbitration Kit? _____

If an attorney or other person will be representing you, please indicate:

Name: _____

Firm: _____

Address: _____

City, State, and ZIP Code: _____

Telephone: _____

Who should correspondence be sent to? Please check one.

Myself _____ My Representative _____