



MAURA T. HEALEY
GOVERNOR
KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
1 Federal Street, Suite 0720, Boston MA 02110-2012
(617) 973-8700
mass.gov/consumer

ERIC PALEY
SECRETARY OF ECONOMIC
DEVELOPMENT
LAYLA R. D'EMILIA
UNDERSECRETARY

Massachusetts New Vehicle Arbitration Program Consumer Request for Arbitration

PLEASE READ THE FOLLOWING INSTRUCTIONS

The Massachusetts New Vehicle Arbitration Program is not suitable for every case. If you are unsure whether you qualify for arbitration, please review the information on the OCABR website: [Guide to New Car Lemon Law](#). Or contact the Office of Consumer Affairs and Business Regulation at (617) 973-8700.

A request for arbitration must be submitted within 18 months from the date the consumer took possession of the vehicle. Once the application is received, the OCABR will review for required documentation and eligibility. If the application is rejected, you will be notified of why your vehicle does not qualify and of other options that may be available. If your request for arbitration is accepted, both you and the manufacturer will be notified. The manufacturer will receive a copy of everything submitted as part of the application. All hearings are held virtually through Microsoft Teams video conferencing platform.

While there is no fee to apply to the Massachusetts New Vehicle Arbitration Program, **consumers are responsible for payment of \$300 to the arbitrator once assigned and a hearing is scheduled.** This amount will be included in the repurchase award if the decision is in favor of the consumer. Payment must be received within 10 business days of the Notice of Hearing. Failure to submit payment will result in delay or dismissal of the case.

Please submit two collated copies of all materials, including this application and the required documentation. Do not leave any pages or sections blank. Do not make references to attachments in replacement of completing sections. All copies must be legible.

PLEASE RETAIN A COMPLETE COPY FOR YOUR OWN RECORDS

Privacy: Once you voluntarily submit personally identifiable information, its disclosure is subject to the provisions of the Massachusetts Public Records Law, the Fair Information Practices Act, Executive Order 412, and other applicable laws and regulations. As a result, some of the information you provide may be disclosed in response to a public records request. For more details, please refer to our attached Privacy Policy.

CHECKLIST: PLEASE USE TO ENSURE ALL DOCUMENTS ARE ENCLOSED.

- ☐ The request for arbitration form
- ☐ The motor vehicle purchase contract or bill of sale
- ☐ 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
- ☐ The final repair opportunity letter to the manufacturer (or an explanation of the notice you gave them if you do not have it in writing)
- ☐ The manufacturer's written response to the request for refund or replacement, or an explanation of the manufacturer's verbal response
- ☐ Statement of finance charges paid to date from the finance company
 - Include a breakdown of payments paid toward principal vs. interest, obtained from the finance company
- ☐ Any documents related to the repair of the motor vehicle (work orders etc.)
- ☐ Any relevant narrative statements
- ☐ The manufacturer's warranty
- ☐ Receipts for any incidental costs you are claiming
- ☐ Any and all communications with the dealership/manufacturer including emails and text messages

Please submit all documentation relevant to your case with this application. Should the case be accepted, additional documentation will only be admitted at the discretion of the arbitrator.

SECTION 1: CONSUMER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Email Address: _____

SECTION 2: VEHICLE INFORMATION

Manufacturer: _____

Model: _____ Model Year: _____

Vehicle Identification Number (VIN): _____

Name of dealership where you purchased the vehicle: _____

Address of dealership: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number of dealership: _____

Date contract was signed (month/day/year): ____/____/____

Date you took delivery of your vehicle (month/day/year): ____/____/____

Current Mileage: _____

SECTION 3: VEHICLE DEFECT(S)

List all defects covered under the New Car Lemon Law warranty. Explain how the defect(s) substantially impair 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 ☐ 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 ☐ 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 ☐ Value

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

REQUEST FOR NEW CAR LEMON LAW ARBITRATION

Please check yes or no for the following statements to indicate which apply to your vehicle.

Are any of these defects the result of owner negligence, accident, vandalism? ☐ yes ☐ no

Or a repair attempt made by someone other than the manufacturer, its agent or authorized dealer?

☐ yes ☐ no

If you answered yes, please explain below:

[illegible]

REQUEST FOR NEW CAR LEMON LAW ARBITRATION

Within the first year from the date of delivery, was your vehicle:

☐ repaired three or more times for the same substantial defect?

☐ out of service because of repair of any combination of substantial defects for a total of fifteen or more business days?

Please list all repair attempts made under the New Car Lemon Law. Use this chart to document repairs done by the selling dealer **OR** another dealership that the manufacturer assigned.

DEFECT	DATE IN (M/D/Y)	DATE OUT (M/D/Y)	NO. 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 the seven business day final repair opportunity to repair the vehicle?

☐ yes ☐ no

If you sent a letter, please enclose a copy. If another method was used, please explain:

When did the manufacturer receive notice of the final repair opportunity (month/day/year)?

____ / ____ / ____

REQUEST FOR NEW CAR LEMON LAW ARBITRATION

Please explain briefly the manufacturer's response to your request for a final repair opportunity.
Enclose copies of any written responses.

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

DEFECT	DATE IN (M/D/Y)	DATE OUT (M/D/Y)	NO. BUSINESS DAYS IN SHOP	ODOMETER READING

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

Did you inform the manufacturer of these continuing defects? ☐ yes ☐ no

Did you then request a refund or replacement? ☐ yes ☐ no

Did the manufacturer refuse to refund or replace the vehicle? ☐ yes ☐ no

SECTION 4: INFORMATION ABOUT EXPENSES INCURRED WHERE APPLICABLE

Total Contract Price: \$ _____ Sales Tax: \$ _____

Total Finance Charges paid as of (month/day/year): ____ / ____ / ____ \$ _____

Registration Fees: \$ _____ Extended Warranty: \$ _____

Non-reimbursed Towing Charges: \$ _____

Non-reimbursed Costs for Alternate Transportation Repair Charges: \$ _____

Credit Life/Disability Insurance: \$ _____

Documentary Preparation Fee (Admin Fee): \$ _____

Settlements or Awards Received: \$ _____

Other:

SECTION 6: REQUEST FOR ARBITRATION

I hereby request that the Office of Consumer Affairs and Business Regulation arbitrate my New Vehicle Warranty Law 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.

I understand and acknowledge that I am responsible for a fee of \$300 paid directly to the assigned arbitrator once a hearing is scheduled.

Signed: _____ Date (month/day/year): ____/____/____

If you would like our office to correspond with an attorney or other individual on your behalf, please include their contact information here:

Name: _____

Law firm (*if applicable*): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Email Address: _____

Consumer Affairs Privacy Policy

The following policy applies only to the Office of Consumer Affairs and Business Regulation. We attempt to protect your privacy to the maximum extent possible. However, because some of the information that we receive from consumers is subject to the Massachusetts Public Records Law (Massachusetts General Law, Chapter 66, Section 10), the Massachusetts Fair Information Practices Act (Massachusetts General Law, Chapter 66A), Executive Order 412, and other applicable laws and regulations, we cannot ensure absolute privacy of the information that you provide to us. Information that you provide to us may be made available to members of the public under these laws. This policy informs you of the information that we collect from you, what we do with it, to whom it may be disseminated, and how you can access it. Based on this information, you can make an informed choice about the information you choose to provide us.

Information You May Voluntarily Choose to Provide to Us:

Our Office collects voluntary information from you only through the e-mails, the "Question/Complaint" forms that you complete and send through our Web site, the letters you send and any applications you submit through the Home Improvement Contractor Arbitration, Used Vehicle Warranty Arbitration, New Car Lemon Law Arbitration or Guaranty Fund Programs. Information sent by you through one of these methods may contain personally identifiable information. We use the term "personally identifiable information" to mean any information that could reasonably be used to identify you, including your name, address, e-mail address, Social Security number, birth date, bank account information, credit card information, or any combination of information that could be used to identify you.

Dissemination of Your Personally Identifiable Information:

We do not sell any personally identifiable information collected through this Office. However, once you voluntarily submit personally identifiable information to us, its dissemination is governed by the Public Records Law, the Massachusetts Fair Information Practices Act, Executive Order 412, and other applicable laws and regulations.

For this reason, part or all of the information you send us may be provided to a member of the public in response to a public records request.

In addition, the information that you voluntarily submit will be disclosed only to Commonwealth employees or officials with a "need to know" for purposes of fulfilling their job responsibilities. They will only use the information to answer your questions, respond to any requests for assistance, and fulfill the Commonwealth's legal obligations. Where appropriate, we may provide the information submitted by you to the person or company that is the subject of your inquiry, or to a government agency responsible for the matters referred to in your communication.

Your Right to Access and Opportunity to Correct:

The Public Records Law and the Fair Information Practices Act provide you certain rights to get information about you that is in our records. To learn more about the circumstances under which you can get and correct this information, please refer to the text of the laws themselves.

Security:

We use standard security measures to ensure that your personally identifiable information is not lost, misused, altered, or unintentionally destroyed. We also use software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage. Except for authorized law enforcement investigations, no attempts are made to identify individual users or their usage habits. However, because our Web site does not encrypt incoming E-mail or information from our "Question/Complaint" forms, you should not send information that you consider highly sensitive through our Web site.

Special Protections Against Misuse of Personally Identifiable Information Within Commonwealth Offices:

In 1999, then-Acting Governor Swift issued Executive Order 412, which enhanced the privacy protection given to any information about you as a named individual held by the Executive Department of state government. Executive Order 412 limits the collection and dissemination of personally identifiable information within the Executive Department. Our Office's policies and procedures comply with Executive Order 412, so all of the personally identifiable information that you submit to us is given the privacy protections set forth in Executive Order 412.

Policy Changes:

We will post changes to this policy at least 30 days before they take effect. Any information we collect under the current privacy policy will remain subject to the terms of this policy. After any changes take effect, all new information we collect, if any, will be subject to the new policy.