

## **INSTRUCTIONS FOR COMPLETING THE REQUEST FOR ARBITRATION FORM**

*DO NOT DELAY IN COMPLETING THIS FORM. It must be received by the Department of Legal Affairs no later than **60 days** after the expiration of your Lemon Law rights period (24 months from the date of delivery of the vehicle), or **30 days** from the date of final action of a state-certified, manufacturer-sponsored arbitration program (e.g. BBB/AUTOLINE, NCDS), whichever is later.*

1. PLEASE either **type** or **print legibly** in **black or blue** ink. DO NOT use other colored inks or pencil and do not print the form on colored paper, as these are difficult to copy. If you require assistance, please call the Department of Legal Affairs at **850-414-3500**; if hearing impaired, via the Florida Relay Service at 711. Answer **completely** all questions that are applicable to your claim. If you do not answer all applicable questions, the form will be returned to you.

2. Attach copies of all documents requested. PLEASE **do not**: use highlighter, write on the documents, cover the information by the attachment of "post-it" notes, or attach exhibit labels. If you think the document requires additional explanation, you may provide this on a separate sheet of paper. If you do not attach copies of the documents requested, the form may be returned to you. Please do not attach documents that do not relate to your claim.

3. **PLEASE DO NOT** organize the application and supporting documents by the use of tabs, notebooks or other such insertions. These will only be removed and discarded. If your claim is determined eligible for arbitration, the application form and supporting documents will be copied numerous times and will be organized by agency staff according to the arbitration hearing procedures.

4. You should refer to the publication, "**Consumer Guide to the Florida Lemon Law**" for an explanation of your rights under the law and the definitions of terms that are used in this application form.

5. After completing the form and gathering your documents, return the **original** of the form with a **copy** of each document requested to the address on the form, using the mailing label provided. If a document cannot be copied clearly, then please send the original and it will be returned to you at a later date. **BE SURE** to keep a copy of the application form and the original documents for your records as you will have to bring them to an arbitration hearing, if your claim is deemed eligible.

6. **Processing**: Upon receipt of your completed form and attachments, the Department of Legal Affairs (Department) will date-stamp the form. This is the date the form is considered to be filed. The Department will screen the form and make an initial determination of eligibility within 20 days of the date the form is filed.

(a) If the application is incomplete or lacks sufficient information from which eligibility can be determined, it will be returned to you promptly for completion or you will be requested to submit new or additional information. You will have 30 days from the date you receive the returned form to complete the form, or provide any additional requested information and mail it back to the Department. If you do not respond within the required 30 days, your claim will be rejected, unless you have a reasonable explanation for your delay. If you have a reasonable explanation for your delay, the Department will extend the time for an additional 30 days. If you do not return the completed form or requested information within the 60-day period, your claim will be rejected. You and the manufacturer will be notified of the rejection in writing. The time for requesting arbitration will resume running upon mailing of the rejection notice to you. If you thereafter wish to pursue arbitration under the program, you will have to submit a new form to the Department.

(b) If the Department finds your application was fraudulently submitted or that your claim is outside the scope of the Arbitration Board's authority, your request will be rejected. You and the manufacturer will receive written notice of the rejection.

(c) If you voluntarily withdraw your claim during the screening process, you may reapply by submitting a new Request for Arbitration form to the Department. The time for requesting arbitration will resume running on the date you notify the Department of the withdrawal.



**OFFICE OF THE  
ATTORNEY GENERAL**

**Request for Arbitration by the  
Florida New Motor Vehicle  
Arbitration Board**

FOR OFFICE USE ONLY

Indicate Date:

*Filed* \_\_\_\_\_  
*Rejected* \_\_\_\_\_  
*Withdrawn* \_\_\_\_\_  
*Approved* \_\_\_\_\_  
*Case #* \_\_\_\_\_

**I DO NOT WISH TO RECEIVE SOLICITATION MATERIALS FROM ATTORNEYS**

**I. CONSUMER INFORMATION**

1. Purchaser/Lessee Name(s): \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Home Phone: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ For Whom? \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ For Whom? \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Attorney Information (complete only if you are represented by an attorney):**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**II. SELLING DEALER, FINANCING, AND LEASING INFORMATION**

4. Dealer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## II. SELLING DEALER, FINANCING, AND LEASING INFORMATION (continued)

Lessor, bank, or lending institution to which loan or lease payments are made:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## III. RELIEF REQUESTED (Check one only)

5. If successful, I prefer to receive:  A refund or  
 A replacement vehicle

## IV. VEHICLE INFORMATION

6. Vehicle Type: Car \_\_\_\_\_ Truck \_\_\_\_\_ Van \_\_\_\_\_ Sport Utility \_\_\_\_\_ Low Speed Vehicle \_\_\_\_\_

7. If a truck, is the gross vehicle weight 10,000 pounds or less? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Manufacturer: \_\_\_\_\_  
(GM, Ford, Chrysler, Toyota, etc.)

9. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
(Dodge, Mercury, etc.) (Mustang, Accord, etc.)

10. Vehicle Identification Number (VIN): \_\_\_\_\_  
(This is a 17-character identifier usually consisting of letters and numerals that is listed on your vehicle registration.)

11. If a conversion vehicle, give the name of the company that performed the conversion, if known:

\_\_\_\_\_  
(Explorer Vans, Sherrod, etc. Attach a copy of the warranty.)

a. Was the conversion work performed prior to your purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

b. If after your purchase, was the conversion work performed by or through the dealership as an option, referral or part of the sale? Yes \_\_\_\_\_ No \_\_\_\_\_

### IV. VEHICLE INFORMATION (continued)

12. Date you took delivery of the vehicle? \_\_\_\_\_

Mileage on the odometer on the date of delivery: \_\_\_\_\_

13. Was the vehicle (check one): Purchased \_\_\_\_\_ Leased \_\_\_\_\_

In Florida? Yes \_\_\_\_\_ No \_\_\_\_\_

As (check one): New \_\_\_\_\_ Demonstrator \_\_\_\_\_ Used \_\_\_\_\_

14. If leased, for a term of one year or more? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Do you still own or possess the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

16. If purchased used, was the vehicle transferred to you by the original owner within 24 months after the date of original delivery? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, complete the following:

Original owner's name: \_\_\_\_\_

State where vehicle was originally purchased: \_\_\_\_\_

Actual date of delivery to original owner: \_\_\_\_\_

### V. INFORMATION REGARDING PROBLEM(S) WITH VEHICLE

17. List each problem (other than routine maintenance and minor warranty repairs), that was first reported to the authorized service agent (dealer) within 24 months after the date of delivery, and that you claim **substantially impairs** the use, value or safety of the vehicle. Give the dates of at least three repair attempts that took place before the date written notification was sent to the manufacturer. If a substantial problem had less than three repairs before notification, list it and the repair date(s). Attach a separate sheet if necessary. Do not list the same problem more than once. **Please attach copies of repair orders for all repairs to the listed defects, even if there were more than three repairs.**

	Date 1	Date 2	Date 3
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**V. INFORMATION REGARDING PROBLEMS(S) WITH VEHICLE (continued)**

18. Did you notify the manufacturer (not the dealer) identified in Question 8 in writing after three or more repair attempts for the problem(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date the manufacturer received notification: \_\_\_\_\_

a. (Answer only if applicable.) Did you notify the conversion company identified in Question 11 in writing after three or more repair attempts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date the conversion company received the notification: \_\_\_\_\_

***(Attach a copy of the motor vehicle defect notification form or other written notification and postal receipt indicating when the manufacturer and/or conversion company received the notification.)***

19. Following receipt of the notification, did the manufacturer and/or conversion company make a final attempt to correct the problem(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, on what date(s)? \_\_\_\_\_

***(Attach copies of all repair orders related to any final repair attempt)***

If no, explain why there was no final repair attempt:

20. How many cumulative calendar days do you contend the vehicle was out of service for repair of one or more of the problems described in Question 17? \_\_\_\_\_

a. Did you notify the manufacturer (not the dealer) identified in Question 8 and, if applicable, the conversion company identified in Question 11 in writing after 15 or more days out of service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date(s) the manufacturer and/or conversion company received notification:

Manufacturer: \_\_\_\_\_ Conversion Company: \_\_\_\_\_

If no, explain why:

21. Following receipt of the notification, did the manufacturer, conversion company or authorized service agent (the dealer) have the opportunity to inspect or repair the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain why:

22. Is the problem(s) about which you are complaining the result of an accident, abuse, neglect, modification or alteration by someone other than the manufacturer, conversion company or an authorized service agent (the dealer)? Yes \_\_\_\_\_ No \_\_\_\_\_

## VI. PARTICIPATION IN CERTIFIED MANUFACTURER PROCEDURE

23. Did you participate in a state-certified manufacturer's informal dispute settlement procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the name of the procedure? \_\_\_\_\_  
(BBB/AUTOLINE, NCDS, etc.)

Date the procedure received your claim: \_\_\_\_\_

Date of your hearing (if applicable): \_\_\_\_\_ Mileage: \_\_\_\_\_

Did that procedure render a decision? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain why: \_\_\_\_\_

If yes, were you satisfied with the decision of the procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of final decision or action of the procedure? \_\_\_\_\_

**You must attach copies of: your claim, postal receipt or letter from the program acknowledging receipt, and the decision of the program, if applicable.**

## VII. PREVIOUS ARBITRATION (by State Board Only)

24. Is this your first request for arbitration by the Florida New Motor Vehicle Arbitration Board for this vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, was previous application: Withdrawn by you \_\_\_\_\_ Rejected by screening agency \_\_\_\_\_

If neither withdrawn nor rejected, what happened? \_\_\_\_\_

Did you have a hearing? Yes \_\_\_\_\_ No \_\_\_\_\_ Case Number: \_\_\_\_\_

If you had a hearing and lost, explain how you believe your circumstances have significantly changed since your hearing to now qualify your vehicle for a refund or replacement (add a separate sheet of paper if necessary).

### VIII. PRICE INFORMATION

**IMPORTANT!!!** Please attach a copy of your Vehicle Invoice, Bill of Sale, Finance or Retail Installment (loan) Agreement or Lease Agreement, along with copies of any invoices, canceled checks, etc. evidencing amounts paid by you in connection with your purchase or lease of the vehicle [including government fees and taxes (not financed), window tinting, extended service agreement, vehicle add-ons, etc.]. Include verification of periodic payments made.

Did you incur any reasonable expenses (e.g., towing, rental car, repair bills, postage, etc.) as a **direct** result of the defect(s) for which you were not reimbursed? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please attach copies of receipts, invoices, etc., to show how much you paid.**

### IX. VERIFICATION

False official statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in ss. 775.082, 775.083, and 775.084, Florida Statutes.

I hereby request arbitration of my case by the Florida New Motor Vehicle Arbitration Board. I certify that all statements made in connection with this request for arbitration are true and correct to the best of my knowledge. I understand that this document and its attachments are public records. NOTE: This form must be signed by the Consumer(s).

\_\_\_\_\_  
Signature (First Consumer)

\_\_\_\_\_  
Signature (Second Consumer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mileage

## X. DOCUMENTS

Your application may be considered incomplete and processing will be delayed if you did not include the following applicable documents (please check documents submitted):

\_\_\_\_\_ A copy of any warranty given by the conversion company identified in Question 11, if applicable

\_\_\_\_\_ Copies of relevant repair orders in your possession (Questions 17, 19 and 20)

\_\_\_\_\_ A copy of the defect notification form or other written notification you sent to each manufacturer or conversion company (Questions 18 and 20)

\_\_\_\_\_ A copy of the postal receipt or other document indicating when the manufacturer and/or conversion company received your written notification (Questions 18 and 20)

\_\_\_\_\_ A copy of the claim filed with a manufacturer's state-certified procedure (if applicable) (Question 23)

\_\_\_\_\_ A copy of the decision of a manufacturer's state-certified procedure, if any (if applicable) (Question 23)

\_\_\_\_\_ A copy of the vehicle purchase invoice, bill of sale, and the retail installment contract (loan agreement) or lease agreement (all that are applicable to your vehicle acquisition)

\_\_\_\_\_ Copies of all receipts or invoices for items purchased in connection with your acquisition of the vehicle

\_\_\_\_\_ Copies of all receipts or invoices for expenses directly caused by the defect(s)

**Be sure to make and keep a copy of this form and all attachments for your own records.**

**Return completed original form with copies of all applicable documents attached to:**

**Office of the Attorney General**

**Lemon Law Arbitration**

**PL-01, The Capitol**

**Tallahassee, Florida 32399-1050**

**850-414-3500**

**DLA/LL-005(2-1-2006)**