

**ADMINISTRATOR, NEW MOTOR VEHICLE WARRANTIES
CONSUMER AFFAIRS OFFICE
MONTANA DEPARTMENT OF COMMERCE
1424 9TH AVENUE
P.O. BOX 2000501
HELENA, MT. 59620-0501
(406) 444-1588**

REQUEST FOR ARBITRATION

A. CONSUMER INFORMATION

Name _____
Address _____
City, State, Zip _____
Phone Home (_____) _____ Work (_____) _____

B. VEHICLE INFORMATION

Vehicle Type _____
(Passenger car, pickup truck, van, suv, etc.)
If vehicle is a truck 10,000 lbs. or less GVW (_____)
More than 10,000 lbs. GVW (_____)
Manufacturer _____
(GM, Ford, Chrysler, etc.)
Make _____ Model _____
(Mercury, Plymouth, etc) (Taurus, Camero, etc)

Vehicle identification number (VIN) _____

Is the vehicle purchased (____) or Leased (____)

Was the vehicle purchased or leased in Montana? YES (____) NO (____)

At the time of purchase or lease was the vehicle New (____)
Used (____)
Demonstrator (____)

Is the vehicle primarily operated on the public streets and highways of the State of Montana?
YES (____) NO (____)

What was the date of delivery? _____

What was the mileage at the time of delivery? _____

On what date (Approx.) did the vehicle pass 18,000 miles? _____

If used, was the vehicle transferred to you by the original owner during the first 18,000 miles or within two years after the date of its original delivery? (Whichever occurred first)

YES () NO ()

If YES, complete the following - If NO continue to Section C

a) Original owner's name _____
Address _____
City/State/Zip _____
Phone _____ () _____

b) Actual date of delivery to original owner _____

c) Mileage at time of delivery to original owner _____

d) Date vehicle was transferred to you _____

e) Mileage at that time _____

f) Approximate date the vehicle passed 18,000 miles? _____

g) Do you still have possession of the vehicle? YES () NO ()

h) What is the current mileage? _____

C. SELLING, LEASING AND FINANCING INFORMATION

g) Dealer/Lessor name _____
Address _____
City/State/Zip _____
Phone _____ () _____

Lessor, bank or lending institution to which monthly payments are made

Name _____

Address _____

City/State/Zip _____

Phone _____ (____) _____

D. INFORMATION REGARDING VEHICLE DEFECT(S):

List all problems other than routine and minor repairs and warranty issues that were first reported to the dealer or manufacturer during the first 18,000 miles of operation or within two years of the date of the vehicle's delivery, (whichever occurred first). Give the dates and mileage when reported. Attach a separate sheet if necessary.

PROBLEM	DATE FIRST REPORTED	MILEAGE
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____
(7) _____	_____	_____

Were there at least four (4) repair attempts for the same problem(s)? YES (___) NO (___)

If no, explain why _____

What was the mileage at the time of the fourth repair attempt? _____

Was manufacturer notified, **in writing**, after the fourth repair attempt? YES (___) NO (___)

If no, explain _____

If yes, what was the date the manufacturer received notification? _____
(Attach a copy of that notification)

Did the manufacturer make a final attempt to correct the problem(s)? YES () NO ()

If no, explain _____

Does the problem(s) still exist? YES () NO ()

List the dates of each of at least four repair attempts for the same problem(s) by the manufacturer's authorized dealer. Attach separate sheet if necessary.

	Problem	Date 1	Date 2	Date 3	Date 4
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Was the vehicle out of service for repairs to one or more of the problems described above for a cumulative total of thirty (30) business days?

YES () NO ()

If you are relying on 30 days downtime, list the dates the vehicle was out of service due to repairs. Use additional sheets as necessary and attach all relevant work orders.

From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

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From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

From _____ to _____ Number of days out of service _____

Is (are) the problem(s) about which you are complaining the result of accident, abuse, neglect, or modification /alteration by someone other than the manufacturer's authorized dealer?

YES () NO ()

Do you believe the defect(s) in your vehicle substantially impairs its use, safety or value?

YES () NO ()

E. PREVIOUS ARBITRATION

Did you participate in a State-certified manufacturer's dispute settlement program?

YES () NO ()

If yes, what was the name of the program? _____

Did that program render a decision? YES () NO ()

If NO, explain _____

If YES, were you satisfied with their decision? YES () NO ()

Date of final decision or action _____

(Attach a copy of the decision)

If you think you were injured by operation of a state-certified manufacturer's dispute settlement program, please describe by what procedure you were injured and how: _____

Is this your first request for arbitration by the Montana Department of Commerce for this vehicle?

YES () NO ()

If NO, was a previous application withdrawn?

YES () NO ()

If NO, was a previous application rejected?

YES () NO ()

If neither withdrawn nor rejected, what occurred? _____

Were you granted a hearing?

YES () NO ()

Case Number _____

If you had a hearing and were ruled against, please explain how your circumstances have changed to now qualify your vehicle for a refund or replacement. (Use a separate sheet of paper if necessary) _____

F. RELIEF REQUESTED (Check one only)

If successful, I prefer to receive

A Repurchase ()

A replacement vehicle ()

A Repair ()

G. INCIDENTAL EXPENSES

Did you incur any reasonable expenses (e.g., towing, rental car, etc.) as a direct result of the defect, for which you were not reimbursed?

YES () NO ()

If YES, what is the total amount expended? \$ _____

(Note: You will have to prove this amount at the hearing).

H. PRICE INFORMATION

a) If purchased in cash: (No financing-Attach copy of bill-of-sale)

- 1. Purchase price including trade-in allowance and deposit. \$ _____
- 2. Title and registration fees \$ _____
- 3. Total amount paid (1 + 2) \$ _____

b) If financed: (Attach copy of retail installment contract)

- 1. Purchase price excluding trade-in allowance and deposit \$ _____
- 2. Trade-in allowance. \$ _____
- 3. Down-payment + \$ _____
- 4. Total monthly payments to date + \$ _____
- 5. Title and registration fees + \$ _____
- 6. Financing charges (If any) + \$ _____
- 7. Total paid to date (2+3+4+5+6) = \$ _____

a) If leased (Attach a copy of the lease agreement)

- 1. Trade-in allowance \$ _____
- 2. Down payment + \$ _____
- 3. Total monthly payments to date + \$ _____
- 4. Title and registration fees + \$ _____
- 5. Total paid to date (1+2+3+4) = \$ _____

I prefer to present testimony

Orally ()

In writing ()

AGREEMENT TO ARBITRATE

I understand that I may be represented by private legal counsel in any arbitration hearing and that if I choose to be so represented my attorney must notify the Administrator, New Vehicle Warranties, Consumer Affairs Office, Montana Department of Commerce, of the name, address and telephone number of such counsel at least fourteen (14) days prior to the date of the scheduled arbitration hearing.

I understand that if I do not accept the arbitration panel's decision or if I am dissatisfied with the manufacturer's eventual performance, I may pursue other legal remedies. This arbitration procedure does not limit any other state or federal legal remedies available to me.

I further understand that if I accept the decision of the arbitration panel either party to the dispute may apply to a District Court of the State of Montana to have the award confirmed, vacated, modified or corrected, as provided in Montana Code Annotated 27-5-311, et seq., of the Montana Codes Annotated.

I understand that I shall have no contact, other than at the scheduled arbitration hearing, with any arbitrator assigned to this dispute and that all necessary communication shall be addressed to the Department of Commerce.

I verify that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that the Consumer Affairs Office of the Department of Commerce does not legally represent me in the arbitration proceeding or any other matter related to my vehicle. I may choose to retain counsel for purposes of this proceeding.

Signed _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC for the State of Montana

Residing at _____, Montana

My commission expires: _____