

DEMAND FOR ARBITRATION

CONSUMER INFORMATION (Your Information)	
CONSUMER #1	CONSUMER #2, if applicable as co-owners of vehicle
Name (First-Middle-Last <u>or</u> Business Name):	Name (First-Middle-Last <u>or</u> Business Name):
Mailing Address:	Mailing Address:
Telephone Numbers (✓ check best number to reach you at)	Telephone Numbers (✓ check best number to reach you at)
Daytime phone: _____	Daytime phone: _____
Business phone: _____	Business phone: _____
Cell phone: _____	Cell phone: _____
Email Address:	Email Address:
If someone is representing the CONSUMER(S), please complete this section. If Consumer is a <u>business</u>, this section is <u>required</u>.	
Representative's Name:	
Mailing Address:	Phone No.: _____
	Email Address: _____
Representative's Relationship to the CONSUMER(S):	

MANUFACTURER INFORMATION
Manufacturer's Name:
Manufacturer's Mailing Address:
Dealer or Lessor Name:
Dealer/Lessor Mailing Address:

VEHICLE INFORMATION		
Vehicle Make:	Model:	Year:
Original Purchase Date (Month-Day-Year):	Purchase Price:	
Vehicle ID Number:	Odometer Reading (at time of this application):	

I (We) hereby certify the following:
<p>I. (You must make a selection of A, B, or C below. Check only one.)</p> <p>A. This vehicle is used primarily for personal, family and/or household use.</p> <p>B. This vehicle is individually registered and used for business purposes as well as for personal, family or household purposes.</p> <p>C. This vehicle is owned or leased by a sole proprietorship, corporation or partnership which has purchased or leased no more than one vehicle per year, used for household, individual, or personal use in addition to business use.</p> <p>II. The gross weight of this vehicle does not exceed 10,000 pounds, gross vehicle weight rating.</p> <p>III. I (We) have notified the Manufacturer in writing about the alleged defect(s) and have given the Manufacturer a reasonable opportunity to correct the defect(s). (<i>Attach two [2] copies of the written notification to the Manufacturer and the certified mail return receipt, if notification was sent via certified mail.</i>)</p> <p>IV. My vehicle's factory (manufacturer's) warranty expires on _____.</p> <p style="text-align: right;">(Month/Day/Year)</p>

V. I (We) hereby certify that during the lemon law rights period, the following condition(s) were met: (Check all that apply. At least one selection of A, B, or C must be made in this section.)

A. My vehicle's defect was subject to examination or repair at least once, but continues to be a defect which is likely to cause death or serious bodily injury if the vehicle is driven.

Description of Problem: _____

Repair Date 1: _____ Repair Date 2: _____ Repair Date 3: _____

B. My vehicle's defect was subject to examination or repair three or more times for the same problem by the manufacturer or its authorized agents, and the problem still exists.

Description of Problem: _____

Repair Date 1: _____ Repair Date 2: _____ Repair Date 3: _____

C. My vehicle has been out of service by reason of repair for a cumulative total of thirty or more business days during the Lemon Law Rights period. (Attach extra sheets if necessary to show all the problems and repair dates.)

	<u>Description of Problem(s)</u>	<u>Days of Repair</u>	<u>Date Reported</u>	<u>Odometer Reading</u>	<u>Work Order #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

VI. Which problem(s) mentioned above, continues to exist? _____

VII. Relief Sought (Check at least one): Replacement Vehicle Refund

VIII. Collateral Expenses (not included in the sales or lease agreement) (provide amount or check "None"): \$_____ or None

IX. Incidental Expenses (e.g. towing, rental car, etc.) (provide amount or check "None"): \$_____ or None

CERTIFICATION

In accordance with Chapter 481I, Hawaii Revised Statutes, I (We), the undersigned party(ies), hereby demand arbitration.

I hereby request arbitration of my case with the arbitrator, any witnesses, and relevant documents by the State Certified Arbitration Program of the Regulated Industries Complaints Office ("RICO"). I certify that all statements and attachments provided to RICO as part of this demand for arbitration are true and correct to the best of my knowledge. I certify that I am authorized to make this demand for arbitration. I understand that this document and its attachments are records of the Department of Commerce and Consumer Affairs.

I understand that RICO does not represent me in this matter. However, RICO will facilitate the arbitration hearing between me and the manufacturer. I understand my demand for arbitration cannot be reviewed until all documents and fees have been submitted.

Consumer #1 (or Representative) Signature: _____ Date: _____

Print Name of Signer: _____
☐ Check here if signing as representative

Consumer #2 (or Representative) Signature, if applicable: _____ Date: _____

Print Name of Signer: _____
☐ Check here if signing as representative