

DEMAND FOR ARBITRATION

Pursuant to RSA 357-D

**IMPORTANT – See instructions on back
PLEASE PRINT LEGIBLY IN BLACK INK**

BOARD USE ONLY

DATE RECEIVED:

FILING FEES – DATES RECEIVED

CONSUMER

MANUFACTURER

SECTION 1	CONSUMER – NAME		MANUFACTURER – NAME	
	MAILING ADDRESS		ZONE OFFICE OR MAILING ADDRESS	
	CITY or TOWN	STATE	ZIP CODE	CITY or TOWN STATE ZIP CODE
	TELEPHONE NUMBER	EMAIL		DEALERSHIP NAME
	HOME	WORK		
SECTION 2	VEHICLE DESCRIPTION & INFORMATION			
	MAKE	MODEL	YEAR	IDENTIFICATION (SERIAL) NUMBER
	PURCHASE (OR LEASE) PRICE	PURCHASE (OR LEASE) DATE	LIENHOLDER OR LESSOR NAME	
	ODOMETER READING AT 1ST REPAIR FOR WARRANTED DEFECT		GROSS VEHICLE WEIGHT	EXPRESS WARRANTY
SECTION 3	I hereby demand a hearing and a <input type="checkbox"/> refund or <input type="checkbox"/> replacement vehicle (chosed one remedy only) because I assert the vehicle does not conform to the manufacturer's express warranty. It has the following defects:			
SECTION 4	<input type="checkbox"/> The dealer has attempted to repair the defects at least three times on: (Attach copies of all repair orders for the warranted defects)	1 st _____ MONTH/DAY/YEAR	MARK EACH SECTION ⇌ THAT ⇌ APPLIES	<input type="checkbox"/> The vehicle has been out of service for repair of the warranted defects for a total of 30 or more business days. (Attach copies of all repair orders for the warranted defects)
		2 nd _____ MONTH/DAY/YEAR		
SECTION 5	The defects substantially impair the vehicle's <input type="checkbox"/> use / <input type="checkbox"/> market value / <input type="checkbox"/> safety (check all that apply) because (explain):			
SECTION 6	I further request manufacturer and/or dealer furnish legible copies of the following documents to me and the Board upon receipt of this Demand For Arbitration:			

I certify that I have mailed a copy of this Demand to manufacturer on ___/___/___ and in doing so hereby elect to proceed under the New Hampshire Motor Vehicle Arbitration Act (RSA 357-D) instead of the manufacturer's dispute settlement mechanism.

SIGNATURE OF CONSUMER

DATE

ATTENTION MANUFACTURER: The Manufacturer's response shall be filed with the Board and the consumer no later than **five (5) working days** prior to hearing.

INSTRUCTIONS

- Section 1 Enter your name, mailing address, home/work telephone number(s) and e-mail address. Enter the manufacturer's name and zone office mailing address. The zone office address is available from the New Motor Vehicle Arbitration Board at 603-271-6383.
- Section 2 The gross vehicle weight (GVW) is usually noted on a label affixed to the driver's inner door.
- Section 3 Choose only one remedy (refund OR replacement vehicle) and describe the defects. (You must have had at least 3 repair attempts, under the manufacturer's factory warranty, for the same defect(s) and the condition(s) still exists; OR a cumulative total of 30 or more business days out of service for factory warranted repairs. Repairs performed under service contracts do not qualify.)
- Section 4 Mark each section that applies and complete the information required. Be sure to attach the documentation noted in E below.
- Section 5 Check all that apply and provide reasons.
- Section 6 Enter the names of documents you wish the manufacturer and/or dealer to submit to you and the Board. (Examples of information you are entitled to request include but are not limited to the following: all write-up sheets, drop-off envelopes, invoices, repair orders (fronts and backs), technicians notes, manufacturer's technical service bulletins (TSBs), special service messages (SSMs), technical hotline worksheets, reports, recall campaign notices and similar documents).

IMPORTANT

- A. The **ORIGINAL**, together with documentation noted in E below, is to be mailed to the New Motor Vehicle Arbitration Board, 23 Hazen Drive, Concord, NH 03305.
- B. Mail a **SECOND** copy, together with documentation noted in E below, to the manufacturer's zone office. Although not required, service by Certified Mail Return Receipt Requested will provide you with proof that the manufacturer received the Demand.
- C. Retain a **THIRD** copy of this form, together with your original documentation, for your records.
- D. Enclose your check or money order made payable to: "State of New Hampshire DMV" in the amount of \$50.
- E. To ensure that the New Motor Vehicle Arbitration Board and the manufacturer's zone office have a full record of your claim, be sure you have submitted:
- Legible photocopies of the Demand for Arbitration,
 - Copy of Summary of Repair History,
 - Copy of your purchase invoice (or lease agreement if you leased the vehicle),
 - Copy of retail installment contract,
 - Copy of the manufacturer's express warranty,
 - Copy of your vehicle's registration(s),
 - Proof of current insurance, and
 - All work orders, repair orders, receipts or reports on work performed on your vehicle by an authorized dealer on the warranted defect, and any other documents that you will be submitting to support your claim.
- F. Call the New Hampshire New Motor Vehicle Arbitration Board at 603-271-6383 if you need further assistance.