

## New Consumer Notice and Claim Form

### New Information

The Consumer Motor Vehicle Recovery Corporation (CMVRC) is releasing an informational public awareness “Notice to Consumers” and a Consumer Recovery Fund Claim form (attached). The notice informs the public of recovery funds available for monetary losses suffered as a result of a California motor vehicle dealer or lessor-retailer that has gone out of business or has filed bankruptcy **and** has failed to do any of the following:

- Transfer license, registration and/or titling fees to DMV,
- Pay the agreed upon consignment amount after the sale of the vehicle,
- Payoff the agreed upon amount for the trade-in vehicle upon purchase or lease of vehicle.

Consumers who suffered a monetary loss after July 1, 2008, and meet the qualifying criteria may submit a claim for payment to the Consumer Motor Vehicle Recovery Corporation. Applicants are required to complete the Consumer Recovery Fund Claim form and submit it with **copies** of the required supporting documents to:

Consumer Motor Vehicle Recovery Corporation  
601 Van Ness Avenue Suite E749  
San Francisco, CA 94102

A Spanish version of the claim form will be available soon.

### Jurisdiction

The Department of Motor Vehicles (DMV) is providing the new CMVRC notice and claim form to disseminate important information to consumers. The DMV has no jurisdiction or authority over the CMVRC or recovery funds paid by the CMVRC. Consumers who believe they are eligible for a recovery fund payment must file their claim with the Consumer Motor Vehicle Recovery Corporation at the address given above. Any questions regarding the attached notice, the attached claim form, or other questions about the CMVRC **must** be directed in writing to the CMVRC at the address above.

### Distribution

The attached forms may be copied to distribute to customers. The form will also be available at [www.dmv.ca.gov](http://www.dmv.ca.gov) under Publications, as part of the 2009 OLIN memo titled New Consumer Notice and Claim Form.

## **Background**

Recent legislation created the Consumer Motor Vehicle Recovery Fund and the Consumer Motor Vehicle Recovery Corporation to provide payments to consumers with eligible claims.

## **Reference**

*California Vehicle Code §§4456.3, 11604, 11703, 11705, 12200-12217*  
*OLIN 2008-4 Consumer Protection– Motor Vehicle Dealer’s Recovery Fund*

## **Distribution**

Notification that this memo is available online at [dmv.ca.gov/pubs/olin/olin.htm](http://dmv.ca.gov/pubs/olin/olin.htm) was made via e-mail alert in April 2009 to the following:

- All E-mail Alert Subscribers

## **Contact**

Questions regarding this memo may be directed in writing to the CMVRC at the following address:

Consumer Motor Vehicle Recovery Corporation  
601 Van Ness Avenue Suite E749  
San Francisco, CA 94102

A handwritten signature in black ink, appearing to read "Mary Garcia". The signature is fluid and cursive, with a large initial "M" and "G".

MARY GARCIA, Chief  
Occupational Licensing

Attachments

## **NOTICE TO CONSUMERS**

You may be eligible to receive a payment from the Consumer Motor Vehicle Recovery Fund if (1) you purchased or leased a motor vehicle from a licensed dealer (or lessor-retailer), or consigned your vehicle to a licensed dealer for sale, and (2) you have a claim for the loss of money that arose after July 1, 2008, resulting from the dealer's failure to do any of the following:

- Transfer your license or registration fees to DMV,
- Pay you the agreed upon amount after the consignment sale of your vehicle, or
- Pay off the agreed upon amount for your trade-in vehicle when you purchased or leased your car.

If you think you may have an eligible claim, complete the Consumer Motor Vehicle Recovery Fund Claim Form and return it with copies of the requested documents that support your claim to the address provided in the Claim Form.

**CONSUMER MOTOR VEHICLE RECOVERY CORPORATION  
CONSUMER RECOVERY FUND CLAIM FORM INSTRUCTIONS**

INSTRUCTIONS FOR FILLING OUT THE CMVRC CLAIM FORM:

In order for your claim to be reviewed, **you must provide all the information requested IN WRITING** to the Consumer Motor Vehicle Recovery Corporation (CMVRC). If any of the requested information is unavailable, please state that the information is unavailable to you and explain why.

**Please type or print your claim form in blue or black ink.** If additional space is needed to answer any question, please attach separate sheets of paper to this claim form showing on the separate sheet the number of the question you are answering.

Please include **COPIES, NOT ORIGINALS**, of the documents requested and any other documents that support your claim. **Use ONE-SIDE 8 ½ x 11 inch PAPER ONLY.**

Within 30 days of receipt of your Claim Form, CMVRC will notify you in writing whether your Claim Form is complete or whether additional information is required to process your Claim Form. A copy of your Claim Form will be provided to the Dealer/Lessor-Retailer who is the subject of your claim.

The Claim Form begins on the next page. You do not need to include this instruction page when you send in your completed Claim Form. Return your completed Claim Form along with copies of the documents that support your claim to:

Consumer Motor Vehicle Recovery Corporation  
601 Van Ness Avenue  
Suite E749  
San Francisco, CA 94102

**CLAIM FORM**  
**CONSUMER MOTOR VEHICLE RECOVERY FUND**

**Part I: Personal Information**

1. **Your name, address, telephone number and email.**

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Name

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Address

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City, State and Zip Code

(       )

(       )

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Daytime telephone number

Evening telephone number

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Email

2. **Vehicle Details :**

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Make/Model

License Plate Number

**Part II: Dealer Who Is The Subject Of Your Claim**

3. **Name, address, and telephone number of the Dealer.**

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Dealer's Trade Name

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Address

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City, State and Zip Code

(       )

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Telephone number

4. To your knowledge, is the Dealer still in business?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Attachment: \_\_\_\_\_

Part III: Claim Information

5. Categorize your claim.

Dealer failed to: (place a check in the box next to the type of your claim)

Transfer license or registration fees to DMV.

Pay the proceeds of a consignment sale.

Pay off my trade-in vehicle.

6. Describe the events on which you base your claim.

Explain:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Attachment: \_\_\_\_\_

7. State the amount of your claim and the basis for it.

Amount Claimed \$ \_\_\_\_\_

Explain:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Attachment: \_\_\_\_\_

8. **Have you taken any action to recover all or part of the claim, such as making a claim under the Dealer's bond, or suing in Small Claims Court?** Yes\_\_\_\_\_ No\_\_\_\_\_
- Amount Recovered** \$ \_\_\_\_\_

If yes, explain the result and current status

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Attachment: \_\_\_\_\_

#### **Part IV: Required Documents**

Please include the requested documents related to the type of claim you are filing. Be advised that the CMVRC may require reasonable additional information to process eligible claims.

1. **If you are claiming that a Dealer failed to transfer license or registration fees, please provide:**
  - A copy of your agreement or contract with the Dealer
  
2. **If you are claiming that a Dealer failed to pay the proceeds of a consignment sale, please provide:**
  - Consignment agreement
  - Document showing sale of consigned vehicle
  
3. **If you are claiming that a Dealer failed to pay the balance owing on your trade-in vehicle, please provide:**
  - A billing statement, or other document from your lender, showing the amount due
  - A copy of your agreement or contract with the Dealer

**(Continued on Next Page)**

**Part V: Authorization for CMVRC to Obtain Information**

The CMVRC may contact the dealer, the Department of Motor Vehicles, a financial institution, or others to get information about your claim.

By signing this claim form, you authorize the CMVRC to obtain information the CMVRC may request to determine whether your claim is eligible for payment. You authorize the dealer (or lessor-retailer) that is the subject of this claim, the Department of Motor Vehicles, lessors, financial institutions, and other persons to cooperate with the CMVRC and to release to the CMVRC any record or other information that the CMVRC in its discretion may request to determine whether your claim is eligible for payment.

**Part VI: Sign and Date**

Please sign and date this Claim Form below, certifying that the information you have provided in this claim and accompanying documents is true and correct.

I declare under penalty of perjury under the laws of the State of California that the information provided in this claim is true and correct.

\_\_\_\_\_

Date:                      Name of Claimant (Print):                      Signature:

**Return your completed Claim Form to:**

**Consumer Motor Vehicle Recovery Corporation**  
**601 Van Ness Avenue**  
**Suite E749**  
**San Francisco, CA 94102**