

**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. If you have a question about how to complete the Claim Form, Email your question to info@vehiclerecoveryfund.org.

PLEASE DO NOT E-MAIL YOUR COMPLETED CLAIM FORM TO THIS E-MAIL ADDRESS. CLAIM FORMS RECEIVED BY E-MAIL WILL NOT BE PROCESSED.

Please include **COPIES, NOT ORIGINALS**, of the documents requested and any other documents that support your claim. **Use ONE SIDE 8½ 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
Gilardi & Co. LLC Claims Administrator
P.O. Box 8060
San Rafael, CA 94912-8060**

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 as needed to this Claim Form showing on the separate sheets the number of the question you are answering. If you have a question about how to complete the Claim Form, e-mail your question to info@vehiclerecoveryfund.org. **PLEASE DO NOT E-MAIL YOUR COMPLETED CLAIM FORM TO THIS E-MAIL ADDRESS. CLAIM FORMS RECEIVED BY E-MAIL WILL NOT BE PROCESSED.**

Please include **ALL ORIGINAL PAGES** of this Claim Form, and **COPIES, NOT ORIGINALS**, of the documents requested and any other documents that support your claim. **USE ONE-SIDE 8.5 x 11 INCH PAPER ONLY.**

Within 30 days of receipt of your Claim Form, the CMVRC will notify you in writing whether your Claim Form is complete or whether additional information is required to process your Claim Form. **This does not mean that your Claim Form has been or will be approved.** 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. Please be sure to include this instructions 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
GILARDI & CO. LLC, CLAIMS ADMINISTRATOR
P.O. BOX 8060
SAN RAFAEL, CA 94912-8060**

CLAIM FORM

CONSUMER MOTOR VEHICLE RECOVERY FUND

PART IV

REQUIRED DOCUMENTATION

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/LESSOR-RETAILER FAILED TO TRANSFER LICENSE OR REGISTRATION FEES, PLEASE PROVIDE:**

- A copy of your agreement or contract with the Dealer/Lessor-Retailer
- A copy of evidence demonstrating you paid money or other consideration for the fees, or became obligated to pay the fees, and that the fees had not been remitted.

2. **IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER FAILED TO PAY THE PROCEEDS OF A CONSIGNMENT SALE, PLEASE PROVIDE:**

- A copy of the Consignment Agreement
- All documents showing sale of consigned vehicle

3. **IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER 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/Lessor-Retailer

PART V

AUTHORIZATION FOR CMVRC TO OBTAIN INFORMATION

The CMVRC may contact the Dealer/Lessor-Retailer, 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 request and obtain information to determine whether your claim is eligible for payment. You authorize the Dealer/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(s) or other information that the CMVRC in its discretion may request to determine whether your claim is eligible for payment.

PART VI

AUTHORIZED USE OF APPROVED FUNDS

California Motor Vehicle Code Section 12210 provides that, immediately upon the CMVRC's payment to you, the CMVRC is entitled to enforce all of your rights and remedies against the Dealer (or Lessor-Retailer) to try to recover the amount of the payment. You may not seek to recover the amount you have received from the CMVRC from the dealer or the dealer's bond. Your rights are otherwise not affected, and you may pursue other claims, if any, such as a valid claim for fraud, against the dealer or the dealer's bond. If the CMVRC makes any payment to you on your claim, you agree to cooperate fully with the CMVRC in any reasonable effort that it may undertake to recover the amount of the payment from the dealer or the dealer's bond. If you have any further questions regarding this matter, please feel free to contact the CMVRC.

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

DATE

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SIGNATURE _____

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SAN RAFAEL, CA 94912-8060