



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## MOTOR VEHICLE REPURCHASES AND REPLACEMENTS INFORMATION

**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 56-28-10 *et seq.*  
(803) 734-0047 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**  
293 Greystone Blvd., Ste. 400  
Columbia, SC 29210-8004

Manufacturer's Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  
(If different from above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone No. ( ) - \_\_\_\_\_

### VEHICLE INFORMATION

Make \_\_\_\_\_ VIN \_\_\_\_\_

Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ Sale Price \_\_\_\_\_

Auto Dealer Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### REPURCHASE OR REPLACEMENT INFORMATION

1. Date Sold to Customer \_\_\_\_\_

2. Date of Notice to Manufacturer \_\_\_\_\_

3. Last Cure Opportunity Applicable?  Yes  No

a. Date of Last Cure Notice \_\_\_\_\_

b. Date Last Cure Repairs Began \_\_\_\_\_

c. Date Last Cure Repairs Completed \_\_\_\_\_

4. Arbitration Procedure Applicable?  Yes  No

a. Date of Arbitration Notice \_\_\_\_\_

b. Date of Arbitration Proceeding \_\_\_\_\_

c. Date of Arbitration Decision \_\_\_\_\_

d. Amount of Refund (If Applicable) \_\_\_\_\_

e. Reason for Decision (If Adverse to Consumer)

- i.  Used Vehicle
- ii.  Vehicle Not Purchased in South Carolina
- iii.  No Last Cure Notice Submitted
- iv.  Improper Last Cure Notice Submitted
- v.  Not Three (3) Attempts for Same Problem
- vi.  Not Thirty (30) Days Out of Service

- vii.  No Substantial Impairment Alleged
- viii.  Problem Corrected
- ix.  Problem a Result of Abuse or Alteration
- x.  Consumer No Longer Possessed Vehicle
- xi.  Pre-Hearing Settlement
- xii.  Other: \_\_\_\_\_

5. Was Lawsuit Filed?  Yes  No
- a. Date of Filing Lawsuit \_\_\_\_\_
- b. County of Lawsuit \_\_\_\_\_
- c. Civil Action No. \_\_\_\_\_
- d. Result of Lawsuit \_\_\_\_\_
6. Date Vehicle Replaced or Repurchased \_\_\_\_\_

**DEFECT OR NONCONFORMITY INFORMATION**

1. Specific Nature of Problem \_\_\_\_\_
2. Number of Repair Attempts \_\_\_\_\_
3. Number of Calendar Days Out of Service \_\_\_\_\_
4. Who Made the Repair Attempts?  
 Business Name \_\_\_\_\_  
 Address \_\_\_\_\_
5. Date Vehicle Finally Repaired \_\_\_\_\_
6. Who Made Repairs that Corrected Vehicle? \_\_\_\_\_
7. Will the Notice, Repair Records, and Invoices be Retained for at Least Three (3) Years from the Date of the Repairs?  Yes  No

**DISPOSITION INFORMATION**

1. How was the Vehicle Finally Disposed of? \_\_\_\_\_
2. Where was the Vehicle Resold? \_\_\_\_\_
3. Who Repurchased the Vehicle?  
 Business Name \_\_\_\_\_  
 Address \_\_\_\_\_
4. What Kind of Warranty was Given at the Time of Repurchase? \_\_\_\_\_
5. Does this Warranty Expressly Cover the Vehicle for Twelve (12) Months or Twelve-Thousand (12,000) Miles and Expressly Include Any Component Related to the Decision to Repurchase?  Yes  No

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**