

Steer Axle Alignment Record

Note: All data must be legible.

Body Number: _____ **Date Alignment Checked:** _____

Original Specifications:

Toe-In Left Hand _____ Right Hand _____

Caster Left Hand _____ Right Hand _____

Camber Left Hand _____ Right Hand _____

Corrected Specifications:

Toe-In Left Hand _____ Right Hand _____

Caster Left Hand _____ Right Hand _____

Camber Left Hand _____ Right Hand _____

Alignment Checked and Performed By:

Business Name: _____

Contact Name: _____

Please Print

Telephone Number: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Return Completed Form to: Blue Bird Body Company
Attn: Recall Administrator
P.O. Box 937
Fort Valley, GA 31030

Completed form may be faxed to 478-822-2467