



THE C.E. WHITE CO.®
The Safest Seat on the Road

417 N. KIBLER ST.
P.O. Box 308
New Washington, Ohio 44854-0308
ISO 9001:2000 CERTIFIED

Phone: (419) 492-2157
FAX No: (419) 492-2544

US CUSTOMER Recall 09-026-BAU

IMPORTANT: This form must be completed by owner and returned to the C.E. White Co. for reimbursement or to notify that the inspection has been done.

SECTION 1

Minibus Body No. _____

VIN: _____

Customer Name: _____

Address: _____

SECTION 2

Inspection has been done but no replacement was necessary.

SECTION 3

This section must be completed when replacement are done. Check one of the following:

Labor

Replacement done by owner USD \$22.00/ barrier

Replacement done by Girardin Distributor USD \$22.00/ barrier

Replacement done by other USD \$22.00/ barrier
(Attach copy of invoice)

Signature: _____

Date: _____