

**Recall 11-047-SEU/NHTSA Recall # 11V-475  
(seat cushion self-latching mechanism)**



**US CUSTOMER**

**IMPORTANT:** This form must be completed by owner and returned to the C.E. White Co. for reimbursement with a copy of the invoice if the repair was done by another party.

**SECTION 1**

Minibus Body No. \_\_\_\_\_

VIN: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ (mandatory)

**SECTION 2**

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

Labor

Repair done by owner  10 \$ US per vehicle

Repair done by other  10 min/per vehicle labor rate \_\_\_\_\_ (Invoice required)

No repair needed  Vehicle has been modified after its manufacturing so this recall cannot be applied to this vehicle \*\*

\*\* Description of modifications:

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

Date: \_\_\_\_\_ Mileage: \_\_\_\_\_

Signature: \_\_\_\_\_