



PREVOST

**Safety Recall
Certification Sheet
(Ref: SR12-29)**

ENREGISTRÉ - REGISTERED
ISO 9001 & ISO 14001



SERIAL NUMBER: _____

PERFORMED BY		OWNER/OPERATOR	
We hereby certify that Safety Recall Instructions with regard to Safety Recall #12-29 have been performed.			
Name: _____		Name: _____	
Addr: _____		Addr: _____	
Phone: _____		Phone: _____	
Fax: _____		Fax: _____	
Signature :	_____	Signature :	_____
Date:	_____	Date:	_____

If the information mentioned above is incorrect or you are not the owner of this vehicle anymore, please fill this section and return to sender.

NEW OWNER: _____

BUSINESS: _____

ADDRESS (including County): _____

TELEPHONE: _____ **FAX:** _____

Please return this completed document with your A.F.A. form