

To: Service Department

From: Troy Becktel, Director of Service, Warranty & Parts

RE: Recall 2017-0004 (NHTSA 17V537) Aktiv Exhaust - Recall Corrective Action Completion Form

V.I.N. (last 8 digits only):	
Owner (or Dealer, if Owner is unknown):	
Address, City, State/Prov:	
Zip Code/ Postal Code:	Phone (with Area Code: ()

CHANGE OF OWNER OR ADDRESS:	
Subsequent Owner (or Dealer that sold the vehicle if unknown):	
Address, City, State/Prov:	
Zip Code/ Postal Code:	Phone (with Area Code: ()

CORRECTIVE ACTION COMPLETED (check as required):
<input type="checkbox"/> Inspect Installed Tailpipe, Install Modified Tailpipe As Per Instructions

CORRECTIVE ACTION COMPLETED BY:		
Service Person:	Date Completed:	
Service Center:		
Address, City, State/Prov:		
Zip Code/ Postal Code:	Phone (with Area Code: ()	
Labor: hours@\$ /hour=@	Work Order:	Parts (if applicable)
Comments: Total Time Allowed = Half-Hour (.5)		HST \$
Reimbursement check to be made payable to (check one): Dealer or Service Center ____ Owner ____		

PLEASE RETURN a scan copy to amyr@erwinhymergroupna.com.