



## Safety Recall Certification Sheet

SAFETY RECALL #: SR \_\_\_\_\_  
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**VEHICLE IDENTIFICATION #:**

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PERFORMED BY	OWNER / OPERATOR
<b><u>We hereby certify that the above mentioned Safety Recalls have been performed.</u></b>	
Name:	Name:
Address:	Address:
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

<b><i>New owner:</i></b>
<b><i>Company name:</i></b>
<b><i>Mailing address:</i></b> _____
<b>TELEPHONE:</b> _____ <b>FAX:</b> _____

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