

SAFETY RECALL CERTIFICATION SHEET

Safety Recall #: SR	-		
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Vehicle identification:			

PERFORMED BY	OWNER / OPERATOR	
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
Signature:	Signature:	
Date:	Date :	

We hereby certify that the above mentioned Safety Recalls have been performed.

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:	
Company name:	
Address:	
Phone:	

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

