



TIRE SAFETY RECALL PROGRAM
Instructions for filing a Continental Tire the Americas, LLC (CTA) / Continental Tire Canada (CTC) Reimbursement Request

This form is to be used by any consumer who purchased tire(s) eligible for reimbursement under the CTA/CTC Tire Safety Recall Program. The tire included in the CTA/CTC Tire Safety Recall Program is:

- **225/45R17 91H FR ContiProContact**
- **DOT TIN Range: P5TY PXH6 0815 through P5TY PXH6 1915**
- To be eligible for reimbursement you must complete a Reimbursement Request Form and submit this form with the required documents to CTA by FEBRUARY 29, 2016

Consumer Information *Please print clearly* **File#** _____ **(CTA Use Only)** _____

Consumer Name: _____

Address: _____

City: _____ State/Prov. _____ Zip code/ Postal Code _____

Daytime Phone (optional) (_____) _____ Email Address: _____

If You Replaced the Affected Continental Tire Before You Received the Recall Notice

- This reimbursement will only apply if the recalled tire was replaced due to the condition described in your notification letter.
- By FEBRUARY 29, 2016 you must complete this form and submit it to CTA/CTC with the following documents:
 - A copy of the receipt showing the purchase of the recalled tire(s)
 - A copy of the receipt showing the purchase of a replacement tire(s)

If You Replaced the Affected Continental Tire After You Received the Recall Notice

Continental Tire the Americas, LLC will make replacement tires available free of charge through February 29, 2016 including mounting, balancing and tax. Please note that after February 29, 2016, owners will be required to pay a pro-rated amount of tire replacement costs, based on the percentage of useable tread worn. CTA will provide detailed instructions to CTA authorized dealers outlining the procedures of this program. Approved replacement tires of the same size and load range will be made available to the dealers.

If the consumer has instead chosen to purchase replacement tires, CTA/CTC will provide reimbursement. The total reimbursement for the cost of the tire(s) will not exceed a suggested retail price of a 225/45R17 91H ContiProContact (\$200.00 per tire plus up to a maximum of \$25.00 for mounting, balancing, plus tax). To receive reimbursement, you must satisfy the following conditions:

- This form must be completed and submitted to CTA/CTC
- You must submit a copy of the receipt showing the purchase of the recalled tire(s)
- You must submit a copy of the receipt showing the purchase of a replacement tire(s)
- Your dealer must return the recalled tire to CTA/CTC

If you do not satisfy these conditions before FEBRUARY 29, 2016 CTA/CTC will pay you a pro-rated portion based on the percentage of useable tread remaining on the recall tire.

If you have any questions, please contact CTA/CTC at **1-888-799-2168**.

Please allow up to 60 days for processing

My signature below certifies that the information contained in and submitted with this Reimbursement Request Form is true and accurate.

Signature _____ DATE: _____

Mail or Fax Completed Form and Other Required Documents:

Continental Tire the Americas, LLC -- Customer Relations **1-888-799-2168 (phone) 1-888-847-3329 (fax)**

Attn: Safety Tire Recall Program

1830 MacMillan Park Drive

Fort Mill, SC 29707

CR61

Amount Paid
\$ _____