

REIMBURSEMENT PLAN

Requirements for Reimbursement

If you meet **all** of the following requirements, you are eligible to receive reimbursement under this plan:

1. **An authorized Mazda dealer has inspected your vehicle and completed the OBD-II Compliance Voluntary Emission Recall Campaign 4907H**
2. You own or have owned a subject vehicle within the following VIN and build date ranges:

Model	VIN Range	Build Date Range
2007 CX-7	JM3 ER29** 70 100057 – 169185	February 14, 2006 through April 28, 2007
2007 Mazdaspeed3	JM1 BK34** 71 603266 – 774164	June 28, 2006 through May 31, 2007
2006-2007 Mazdaspeed6	JM1 GG12L* 61 100056 – 108051 JM1 GG12L* 71 108052 – 110746	August 4, 2005 through June 30, 2007
2006 Mazda6 2.3L 4-cylinder	1YV FP8*C* 65 M00028 – M71322 1YV HP8*C* 65 M00029– M71493	June 2, 2005 through June 27, 2006

Note: The asterisk “*” can be any number or letter.

3. You have paid for the inspection/repair or replacement of powertrain control module (PCM) due to a defect in OBD system.
4. You have an original or legible copy of the paid repair order or invoice receipt showing:
 - Description of the concern reported
 - Inspection/repair or replacement of PCM
 - Itemized part(s) and labor charges
 - Vehicle model and year, and vehicle identification number
 - Repair date
 - Repair mileage
 - Name, address, and telephone number of the authorized Mazda Dealer or a licensed repair shop where such repairs were performed
 - Your name and address at the time of repair
5. Mail this reimbursement application form in the enclosed envelope to:

**Mazda North American Operations
PO Box 5049
Lake Forest, CA 92609-8549**

Procedure for Reimbursement Request

Once your vehicle has been inspected, repaired or PCM replaced by an authorized Mazda dealer due to a defect in OBD system, you may apply for reimbursement by doing the following:

1. Complete the Reimbursement Application Form found on the reverse side of this page.
2. Mail the Reimbursement Application Form with a legible copy of the paid repair order and/or invoice using the enclosed envelope.
3. **Retain copies** of the paid repair order or invoice and this application form for your records.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

(SEE REVERSE SIDE FOR APPLICATION FORM)

REIMBURSEMENT APPLICATION FORM

2007 CX-7, 2007 MAZDASPEED3, 2006-2007 MAZDASPEED6, 2006 Mazda6
OBD-II Compliance Voluntary Emission Recall Campaign 4907H

(Please type or print)

Name:	_____	_____	_____
	First	Middle	Last
Address:	_____		
	Street Address		
	_____	_____	_____
	City	State	Zip Code
Phone Number:	Home:	_____	
	Work:	_____	
Vehicle Identification Number (VIN):	_____		
	(17 digits in length)		
Total Amount of Reimbursement Requested:	_____	.	_____
	Dollars		Cents

INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:

- Please read thoroughly
- Fill in vehicle identification number
- Sign the General Release (below)

General Release

I am submitting to Mazda Motor Corporation (“Mazda”) a claim for reimbursement for all inspection, repair or replacement of powertrain control module performed to date in connection with a defect with OBD system.

The vehicle identification number (VIN) is:

VIN: _____

In exchange for Mazda’s payment of that claim, I hereby release Mazda, its agents, and its related entities from all claims for such inspection/repair costs. This release shall benefit Mazda and its authorized agent Mazda North American Operations, its regions/distributors (foreign and domestic), its authorized dealerships, and all their respective directors, officers, agents, employees, divisions, subsidiaries, and affiliated companies. This release shall bind my heirs, successors and assigns.

Dated: _____ Signed: _____

(SEE REVERSE SIDE FOR REIMBURSEMENT PLAN DETAILS)