

## **MOUNTING & ROTATION SERVICE RECORD (FOR MILEAGE WARRANTY)**

| DATE OF<br>ROTATION | ODOMETER<br>READING | RETAILER'S NAME<br>& ADDRESS | RETAILER<br>SIGNATURE | PSI |
|---------------------|---------------------|------------------------------|-----------------------|-----|
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In order for the tires to be qualified for Mileage Warranty, your tires must be inspected and rotated by an authorized dealer every 5,000 miles, the PSI set as recommended on the vehicle placard.

## **OWNER CERTIFICATION**

| I hereby certify that | these services were p   | performed as indicated  | and that I am the origina    | l purchaser of |
|-----------------------|-------------------------|-------------------------|------------------------------|----------------|
| the tires and the ow  | ner of the vehicle on v | which they were origina | ally installed and exclusive | ely used.      |

| Owner Signature:  | _ Date: |  |  |  |  |
|---|---------|--|--|--|--|
| DEALER CERTIFICATION  |         |  |  |  |  |
| I hereby certify that I have verified the information above and to the best of my knowledge the foregoing statements are correct. |         |  |  |  |  |
| Dealer Signature  | Date:   |  |  |  |  |