

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 2004-2006 RX-8 Voluntary Emission Recall Campaign 4206F.
2. You own or have owned a subject 2004-2006 RX-8 within the VIN ranges:

Model	VIN Range	Build Date Range
2004-2006 RX-8	JM1 FE17** 40 100053 – 140891	April 10, 2003 through June 1, 2006
	JM1 FE17** 50 140892 – 161178	
	JM1 FE17** 60 200012 – 206995	

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

3. You have paid for the inspection, repair or replacement of the powertrain control module (PCM), engine, thermostat, and/or catalytic converter due to emission test fail, drivability, and/or difficult start problems.
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 the PCM, engine, thermostat, and/or catalytic converter due to emission test fail, drivability, and/or difficult start problems
 - Itemized part(s) and labor charges
 - Vehicle model and year, and vehicle identification number (VIN)
 - 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 had the PCM, engine, thermostat, and/or catalytic converter replaced by an authorized Mazda dealer, 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

2004-2006 RX-8 Voluntary Emission Recall Campaign 4206F

(Please type or print)

Name: _____
First Middle Last

Address: _____
Street Address

_____ City State Zip Code

Home: _____
Phone Number:
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 the powertrain control module, engine, thermostat, and/or catalytic converter due to emission test fail, drivability, and/or difficult start problems. 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: _____