



# APPLICATION FORM

(See reverse side for program guidelines, eligibility and required documentation.)

Required documents for reimbursement approval:

- ✓ Completed application form
- ✓ Copy of vehicle registration
- ✓ Copy of itemized paid invoice from adaptive equipment company
- ✓ Copy of signed Buyer's Order or Lease Agreement
- ✓ Original prescription / letter from a licensed medical doctor when required (see item #3 on back for details)

## VEHICLE OWNER INFORMATION

(Please Print)

Vehicle ID Number

Claim Form Number

Please follow the claim instructions carefully and be sure that all sections of this form are completed before mailing to Automobility Program Headquarters.

Name

Address

City  State  Zip  -

Daytime Telephone Number  -  -

eMail Address

## FRANCHISED DEALERSHIP VALIDATION

(Must be completed by an authorized Chrysler Group LLC dealership.)

Dealership Name     
Business Center Dealer Code

Telephone Number  -  -  Retail Delivery Date  /  /   
Month Day Year

## ADAPTIVE EQUIPMENT COMPANY

Company Name

Address

City  State  Zip  -

Telephone Number  -  -

Total cost of adaptive equipment and installation: \$

Description of adaptive equipment installed:

Payment issued to:  Customer  Chrysler Group LLC Dealer Customer Initials

I verify that the above information is accurate and complete, and I have agreed the payment is to be issued as above.

Customer Signature ✕	Date ✕
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I verify that the above vehicle has had the adaptive equipment installed as described on the attached receipt(s).

Dealer Authorized Signature ✕	Printed Name ✕	Title ✕	Date ✕
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Note: A copy of the paid receipt(s) detailing the adaptive equipment and costs must be attached to this application form.

# AUTOMOBILITY PROGRAM GUIDELINES

This form must be used to submit a claim for reimbursement under the terms and conditions of the Chrysler Group LLC Automobile Program. Through this program, Chrysler Group LLC will provide a reimbursement to each eligible customer who installs qualifying adaptive driver or passenger equipment on a purchased or leased new Chrysler, Dodge, Jeep or Ram truck vehicle (unless discontinued or excluded earlier at the discretion of Chrysler Group LLC). Consult your dealer or call Automobile Program Headquarters for eligibility requirements and program expiration dates.

1. Vehicles sold or leased and delivered to a customer by a participating franchised Chrysler Group LLC dealer are eligible for payment under this program. Certain types of fleet sales and leases may also qualify. See dealer for details. Sales and installation of adaptive equipment on new Chrysler Group vehicles by mobility equipment dealers may also qualify for reimbursement. Contact Automobile Program Headquarters for further information.
2. The adaptive equipment must be installed within six months of vehicle purchase or lease. An application form must be submitted to Automobile Program Headquarters within 60 days of complete installation of adaptive equipment. Note that for certain adaptations, such as wheelchair-capable vehicles, scooter hoists or hand controls, the requirements for a medical note or prescription will be waived. Running boards, alerting devices and similar-type adaptations must have medical documentation. Automobile Program Headquarters can answer questions about other adaptations.
3. Adaptive equipment is defined as portable or permanent equipment that is required by persons with a permanent disability to drive, enter, exit and / or be transported safely in a Chrysler Group LLC motor vehicle. Factory-optional equipment is not reimbursable under this program. A prescription or note from a licensed medical doctor on physician's letterhead stating the specific diagnosis is required for reimbursement, excluding exceptions listed above.
4. Conversions to all Chrysler, Jeep, Dodge and Ram models may be reimbursed up to a maximum of \$1,000.
5. Running boards qualify for reimbursement up to a maximum of \$400 on eligible vehicles.
6. Alerting devices qualify for reimbursement up to a maximum of \$200 on eligible vehicles.
7. This application form must be completed in its entirety and signed by the customer and the selling dealership.
8. Chrysler Group LLC will be the final judge as to the eligibility, interpretation and fulfillment of all elements of Chrysler Group LLC consumer incentive programs. Any payment or benefits received are subject to the Official Program Rules, which have been made available to all participating dealers.
9. Small-business owners and fleet accounts must provide a business license or legal documentation indicating that they provide services to the physically challenged in lieu of the prescription.
10. A copy of this application form, a copy of the adaptive equipment company's itemized paid invoice, a copy of signed Buyer's Order / Lease Agreement, the vehicle registration, and a prescription or note from a licensed medical doctor on physician's letterhead stating the specific diagnosis (when required) must be mailed to the following address:

## **Automobile Program Headquarters**

**PO Box 5080**

**Troy MI 48007-5080**

**Fax (904) 828-6717**

Payment to the individual Automobile Program customer will be mailed within six weeks after receipt of an **approved** application form and all required documentation. Payments to participating Chrysler Group LLC dealers will be made electronically to their dealership's parts account barring special circumstances after receipt of an approved application form and all required documentation.

**Please call**

**Automobile Program Headquarters**

**with any questions:**

**(800) 255-9877**

**Hotline Hours 8 a.m. - 8 p.m. Mon - Fri**

**[www.chryslerautomobility.com](http://www.chryslerautomobility.com)**