

## **REPLACEMENT E.O. DECAL FORM**

In compliance with C.A.R.B. regulations, the following information needs to be completed in full before a Replacement E.O. Decal will be issued. Thank You.

Name:			
Address:			
	Street Address		
	City, State, Zip		
Phone Num	ber <u>:</u>	Email:	
Alternate N	umber:		
K&N Intake System Part# (optional):			Date of Purchase (optional):
Vehicle Info	rmation: K&N Intake Systen	n is installed on a	:
Year:	Make:	Model:	Engine size:
A K&N Intak	ke System is application spec	cific and must be	installed on intended vehicle.
Vehicle License Plate #:			State:
V.I.N. Numb	per:		
The follo	owing information must be	included when s	ubmitting this form:
•	A photocopy of vehicle reg	istration.	_
•			; <u>or</u> a photograph of the K&N Induction
	System installed on above A photo of the VIN from dr	•	ust show entire intake system).
•	A photo of the vilv from di	iver s side door (	or willustriefu.
I declare the	e above information to be to	rue in its entirety	<i>'</i> .
Customer Signature:			Date:
E-Mail to <u>o</u>	rders@knfilters.com (Pleas	e attach form an	d receipt or photos into <b>ONE email</b> .
Please do r	not send multiple emails)		
Or Mail the	e document and receipt or p	photos to:	
K&N Engine	<b>.</b>		
	omer Service		
P.O. Box 13 Riverside, 0			
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