

INFORMAL WARRANTY COMPLAINT FORM

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COMPLAINANT

Name:	Address:
City/State/Zip:	Telephone Home:
Telephone Work:	Telephone Cell:
Email:	

RETURN FORM TO

RETURN FORM TO:

California Air Resources Board
Field Operations and Warranty Section
9480 Telstar Avenue Suite 4
El Monte, CA 91731-2990

OR FAX TO:

FAX: (626) 459-4377

Date:

VEHICLE INFORMATION

License #:	State:
Vehicle Identification Number (VIN):	Build Date: (Build date found on driver's door)
Year:	Make:
Model:	Mileage:
Engine Size:	Number of cylinders:
PZEV: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Vehicle Weight (GVWR): (GVWR for Vans and Trucks only)
Fuel Type <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> CNG	Bi-Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid <input type="checkbox"/> Other:
Vehicle purchase date:	
Are you the original owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the vehicle purchased in California? <input type="checkbox"/> Yes <input type="checkbox"/> No
Engine Family/Test Group: (Engine Family/Group on vehicle emission control information label under the hood. May submit photo of vehicle emission control information label.)	

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Emission Standard: (typically found on the underhood vehicle emission control information label)
Does the underhood tune-up / emission control label identify your vehicle as a California model? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have maintenance records?

COMPLAINANT HAS CONTACTED

COMPLAINANT	YES	NO
Dealer	<input type="checkbox"/>	<input type="checkbox"/>
Zone Representative	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>
Bureau Automotive Repair	<input type="checkbox"/>	<input type="checkbox"/>
Other:		

Before filing this complaint with the California Air Resources Board, you must contact your vehicle manufacturer warranty assistance center. This information is in the back of your owner's manual. Your manufacturer will assign a case number. The case number must be on this form:

Actions taken by above:	
Dealership:	Address:
City:	Telephone:
Contact Person:	Case Number:

Nature of complaint (may add additional pages if needed):
Has the vehicle been repaired?
What were the repair costs?
Who paid for the repairs?
When did you learn of the warranty coverage?

NOTE: Submit copies of maintenance records, repair invoices, and any other related documents with this complaint form.