



MY 2016-2017 Titan Turbo Actuator / High Pressure Turbo Charger Emissions Warranty Extension

Please print clearly to avoid delays in processing.

FIRST NAME:		LAST NAME:	
ADDRESS 1:			
ADDRESS 2:			
CITY:		STATE:	ZIP CODE:
DAYTIME PHONE:		EVENING PHONE:	
EMAIL ADDRESS:			
VEHICLE MODEL:		MODEL YEAR:	
VIN:			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<p>CERTIFICATION I (We), _____, hereby submit this form requesting reimbursement for expenses incurred in connection with a repair/replacement on my 2016-2017 Titan Turbo Actuator / High Pressure Turbo Charger. I certify that these repairs have been made to this vehicle and that they were not previously paid for, in whole or in part, by Nissan. I request reimbursement in the amount of \$ _____. True and correct copies of documents in support of this request are attached. I (we) understand that this document is signed under penalty of perjury.</p>			
OWNER SIGNATURE:		DATE:	
CO-OWNER SIGNATURE:		DATE:	

INSTRUCTIONS:

1. Please completely fill out, sign, and date this form.
2. Provide the following documents, which are **required** to process your request. *(Please mark out all personal account numbers on statements for your privacy.)*
 - Copy of **REPAIR ORDER(S) and applicable invoices** (for rental/towing)
 - **PROOF OF PAYMENT** for rental, repair and/or towing (any one of the following):
 - Copy of credit card receipt; or
 - Copy of credit card statement;
 - Copy of cancelled check; or
 - Copy of checking account statement
 - **PROOF OF OWNERSHIP** if repair is over \$1,000 (any one of the following) :
 - Insurance Card with Name, Address, and VIN; or
 - Copy of Title or Certificate of Title or
 - Bill of Sale or
 - Vehicle Registration or
 - Verification from Company owned vehicle person is Authorized Driver
3. @Mail fax or email the completed form and all required documents to the following:

Nissan Consumer Affairs P3C
PO Box 685003
Franklin, TN 37068-5003

FAX: (615) 267-7771
Phone: (800) 867-7669
Email: nissanassist@nissan-usa.com

The estimated processing time is within 30 days from the date Nissan receives your request.