



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 Number: _____

Alternate Number: _____

AEM Induction System Part #: _____ Date of Purchase: _____

Vehicle Information: AEM Induction System is installed on a:

Year: _____ Make: _____ Model: _____ Engine size: _____

AEM Induction Systems are application specific and must be installed on intended vehicle.

Vehicle License Plate #: _____ State: _____

V.I.N. Number: _____

The following information must be included when submitting this form:

- A photocopy of vehicle registration
- The AEM Induction System purchase receipt **or** a photograph of the AEM Induction System installed on above listed vehicle and a photo of vehicle registration with VIN from driver's side door

I declare the above information to be true in its entirety.

Customer Signature: _____ Date: _____

Please Mail or Fax to: Fax Number: 310-484-0152

AEM Induction Systems

Attn: Customer Support

PO Box 1329

Riverside, CA 92502-1329