

# APPLICATION FORM

## CERTIFICATE OF VEHICLE MAINTENANCE



**HONDA**

CUSTOMER INFORMATION				
Full Name (Last, First name, Middle initial):				
Contact Number:		Contact Number 2:		
E-mail address:				
Home Address:				
Ownership: <input type="checkbox"/> First Owner <input type="checkbox"/> Second Owner <input type="checkbox"/> Business-owned				
VEHICLE INFORMATION				
Vehicle Model:		Year Model:		
Plate Number:		Conduction Sticker Number:		
Chassis Number:		Engine Number:		
Date of last Preventive Maintenance:				
PERIODIC MAINTENANCE (PM) HISTORY (To be filled out by Honda Dealership)				
Dealer:		Name of attending Dealer Associate:		
No.	Periodic Maintenance checkup conducted (e.g. 48-months)	Vehicle Mileage	Date of Visit	Servicing Dealer
1				
2				
3				
4				
Status of certificate issuance: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
Certificate Control Number:				
Terms and Condition: The Periodic Maintenance (PM) covers only the parts and services that the unit underwent during the PM procedure and based on the prescribed PM Parts Checking and Replacement table. (Please refer to Flipchart).				

**Disclaimer:** The Vehicle Maintenance Certificate shall not be construed as any form of warranty or representation by HCPI and its authorized dealerships. The holder acknowledges actions that any cause of action that he/she may have with respect to the vehicle is limited to the owner above, and expressly waives any cause of actions he/she have against HCPI, its dealerships, stockholders, officers, directors, employees, agents, and attorneys from any claim, demand, or complaint arising out of relating facts stated in this certificate or any transactions involving the vehicle above.

I hereby confirm that the abovementioned information is correct, and I understand the terms and conditions set by Honda on the issuance of well-maintained vehicle certificate.

\_\_\_\_\_

Customer signature over printed name

\_\_\_\_\_

Date