



TIRE VOLUNTARY EXCHANGE PROGRAM 24_T069 (Transport Canada 2024-487)

Instructions for Filing a Continental Tire Canada (CTC) Reimbursement Request Form This form is to be used by any consumer who purchased tire(s) eligible for reimbursement under the CTC Tire Voluntary Exchange Program. The tires included in the CTC Tire Voluntary Exchange Program are:

Brand	Tire Line	Article Nr.	Tire Size	DOT	DOT Week
Continental	ProContact GX AO	1557369	255/35 R 19 96 H XL	CP32WMC9	all

To be eligible for reimbursement you must complete a Reimbursement Request Form and submit this form with the required documents to CTC by March 1, 2025.

- For Replacement tires:
 - A copy of the receipt showing the purchase of the recalled tire(s)
 - A copy of the receipt showing the purchase of the replacement tire(s)

Customer Information *Please print clearly* File # _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip code _____

Daytime Phone (including area code) () _____

Recall Tire Information

Line: _____

DOT: _____

DOT week _____

Replacement Tire Information

Name of Dealer where tires were purchased _____

Dealer street address _____

City: _____ State: _____ Zip code: _____

Dealer Phone Number (including area code) () _____ Date of purchase _____

Vehicle Information: Year _____ Make _____ Model _____

Amount Paid \$ _____

Attach sales receipt (original or copy) that identifies the replacement tires and the total amount paid. Reimbursement will be based on submitted sales receipt, not to exceed a suggested retail price of the tire.

Upon approval of your request a refund will be mailed. Please allow 8 weeks for processing.
My signature below certifies that the information contained in this Request is true and accurate.

Signature _____ Date _____

Email or Mail Completed Form and a copy of the purchase receipt to:

Email to: continentaltire@custhelp.com

Mail to:

Continental Tire Canada, Inc.
1 Robert Speck Parkway, Suite No. 900
Mississauga, Ontario
L4Z 3M3
Phone: 1-855-453-1962