

TIRE SAFETY RECALL PROGRAM 24T008

Instructions for Filing a Continental Tire the Americas, LLC (CTA) Reimbursement Request Form This form is to be used by any consumer who purchased tire(s) eligible for reimbursement under the CTA Tire Safety Recall Program. The tires included in the CTA Tire Safety Recall Program are:

Brand	Tire Line	Tire Size	L&S index	LR	Article	DOT	ONLY DOT Week
Continental	HDL2 DL+	11 R 24.5	149/146L	Н	05211720000	02P 054CLD	4323

To be eligible for reimbursement you must complete a Reimbursement Request Form and submit this form with the required documents to CTA by February 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	<u>Please print clearly</u>	File #				
Customer Name:			_			
Address:				_		
City:	State:		_Zip code			
Daytime Phone (including	area code) ()					
Recall Tire Information						
Line:						
DOT:						
DOT week						
Replacement Tire Inforn						
Name of Dealer where tire	es were purchased					
Dealer street address						
City:	State:		_ Zip code <u>:</u>			
Dealer Phone Number (in Vehicle Information: Year	cluding area code) (Make	Date (of purchase	_		
Amount				cement tires and the total		
Paid \$	amount paid. Reimbursement will be based on submitted sales receipt, not to exceed a suggested retail price of the tire.					
Upon approval of your req My signature below certific						
Signature	atureDate					
Email or Mail Completed	I Form and a copy of the	e purchase receipt t	to:			

Email to: TI CQ SM help.trucktires@continental.com

Continental Tire the Americas, LLC. - Truck Tire Customer Service

Attn: Tire Safety Recall Program 1830 MacMillan Park Drive

Fort Mill, SC 29707 Phone: 1-800-726-7113