

**\*\*\* IMPORTANT \*\*\***

In case of a recall, we can reach you only if we have your name and address. You MUST send in this card to be on our recall list\* - - - - DO IT TODAY!

OMB Control No. 2127-0050  
 SHADED AREAS MUST BE FILLED IN BY SELLER

Register ONLY Brand Printed Below



CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)  
 [Grid for name entry]

CUSTOMER'S ADDRESS [Grid for address entry] APT / SUITE [Grid for apt/suite entry]

CITY [Grid for city entry]

STATE [Grid for state entry] ZIP CODE [Grid for zip code entry]

DATE \_\_\_ / \_\_\_ / \_\_\_

TIRE IDENTIFICATION NUMBERS												
QTY	1	2	3	4	5	6	7	8	9	10	11	12

SELLER COMPLETE (CAN BE RUBBER STAMPED)

SELLER'S NAME [Shaded area]

SELLER'S ADDRESS [Shaded area]

CITY [Shaded area] ST [Shaded area] ZIP [Shaded area]

\*Instead of mailing this form, you can register online at [www.carlisletire.com](http://www.carlisletire.com)

- 1) Print out this form
- 2) (Tri) fold along the dotted lines
- 3) Seal with adhesive tape
- 4) Affix postage & mail

When folded properly this section will act as the back of the envelope

To Mail:  
 Place  
 Stamp  
 Here



**Tire Industry Registration Center**  
**PO Box 1000**  
**AKRON, OH 44309-1000**