

VEHICLE DROP-OFF REGISTRATION

VEHICLE REGISTRATION: _____

DROP-OFF: _____ PICK-UP: _____

1. CUSTOMER DETAILS

Full Name: _____ Phone: _____

Company: _____ Email: _____

Address: _____

2. VEHICLE DETAILS

Make/Model: _____ MM/YY: _____

VIN: _____ Odometer: _____

3. REASON FOR DROP-OFF (Tick applicable)

☐ ADAS Recalibration ☐ Diagnostic ☐ Warning Lights ☐ Airbag/SRS. ☐ Programming ☐ Post-Repair ☐ Other:

History / Description (please be as specific as possible so we can identify issues early):

REPAIRABLE WRITE OFF (Y/N). _____

For REPLACEMENT MODULE programming:

Part number: _____ Donor vehicle: _____

Donor VIN: _____ History (if known): _____

4. SERVICE TERMS

- All work is carried out with due care using OEM-approved procedures and equipment.
- An initial assessment fee of \$95-125 applies to all vehicles depending on complexity. + \$55 for call-outs.
- For ADAS / Programming work, the fee will be credited if calibration proceeds.
- Additional work will be quoted where applicable and will not proceed without customer's approval.
- Pre-existing faults or damage may be present and are not attributable to this service.
- All service charges must be paid prior to vehicle release. Late fees may apply.
- Vehicle may be road tested for calibration/verification.

5. DECLARATION

☐ I am the owner / authorised agent of the vehicle. I authorise Auto Recalibration to perform diagnostic and calibration services including road testing. I declare the vehicle is registered and road worthy for testing.

6. AUTHORISATION

Name: _____ Signature: _____ Date: _____

7. FEEDBACK

How did you hear about Auto Recalibration? ☐ Google ☐ Referral ☐ Other: _____

Referral Name: _____