

## Mazda Mobility Assistance Program Claim Form

### **Customer Information:**

Name: \_\_\_\_\_

The purchaser's name must be identical to the name on the vehicle purchase.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Vehicle Information:**

Vehicle Identification Number: \_\_\_\_\_

Year/Model (e.g. 2024 CX-50, 2025 CX-90): \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Name of Selling Dealership: \_\_\_\_\_

Modifications: Please List \_\_\_\_\_

**I, the undersigned customer, hereby certify that my vehicle purchase complies with the Mazda Mobility Assistance Program eligibility requirements.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the information requested above and attach the following documents:

1. A legible photocopy of the signed Bill of Sale or Purchase Contract for the Mazda vehicle from an authorized Mazda Dealer
2. A copy of the registration or title, and a copy of the purchaser's current driver's license
3. A legible photocopy of paid invoice(s) for adaptive driving aids/mobility assistance equipment installed on the purchased vehicle
4. A legible photocopy of paid invoice(s) for the installation of adaptive driving aids/mobility equipment on the purchased vehicle by a qualified installation provider
5. A physician's statement identifying the specific need(s) for mobility assistance
- 6. Note that Accessories and Genuine Mazda Accessories (e.g Trailer/Tow Hitch, Side Step Tubes) are NOT eligible for reimbursement. Please refer to the Program Guide for further information on excluded items.**

All claims must be received within three (3) months of purchase to be eligible for payment.

Please remit the completed form, along with your documents, to:

Mazda Program Headquarters

Email: [MPHDealerSupport@concentrix.com](mailto:MPHDealerSupport@concentrix.com)

Subject: Mobility Assistance Claim

For more information on the Mazda Mobility Program, call us at (248) 848-7300.