

# ***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: \_\_\_\_\_

## **Vehicle Information:**

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

Year/Model (e.g. 2017 CX-9, 2018 Mazda3): \_\_\_\_\_ 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 Genuine Mazda Accessories (e.g 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  
Dept. 09261  
P.O. Box 2909  
Farmington Hills, MI 48333-2909  
Or by Fax: (248) 848-7305  
Or by email: [MPHSupport@concentrix.com](mailto:MPHSupport@concentrix.com)

For more information on the Mazda Mobility Program, call us at (877) 380-4854.