

ECU MODIFICATION / INSPECTION SHEET

PLEASE COMPLETE \underline{ALL} THE FIELDS AND SEND THIS DOCUMENT \underline{WITH} THE ECU

FILL I	N WITH UP	PER CASE LE	TTERS
FIRST NAME OR COMPANY:		MAIL:	
ADDRESS:			
		1	
PHONE NUMBER:			
MAKE:	MODEL:		LAST 6 DIGITS OF VIN:
YEAR:	ENGINE SIZE:		HP:
MULACE.	COLIDDAND:		TOU OR BAR CORE NUMBER
MILEAGE:	ECU BRAND:		ECU OR BAR CODE NUMBER:
TRANSMISSION TYPE (please circle of	one): AUTO	/ MANUAL /	DSG / HYDRAULIC
FOR INTERNATIONAL O	CUSTOMERS	S :	
YOU MUST WRITE ON THE SHIPMEN	IT INVOICE:	_	
"REPAIR AND RETURN ECU WHEN C			
REMAP REQUEST: (PLEASE (
TUNE: YES / NO	P	WRITE ALL P CODES	S AND DESCRIPTION OF CODES BELOW:
120 / 110	r	-	
DPF OFF: YES / NO	P	-	
EGR OFF: YES / NO	P	_	
ADBLUE OFF: YES / NO	Р	-	
OTHER: YES / NO	Р	-	
IF YOU REQUIRE MORE RO	OOM TO WRI	TE MORE "P"	or "U" CODES ETC PLEASE
WRITE BELOW OR ON AN	ADDITIONAL	. SHEET.	
Office use only: ->			WORK CARRIED OUT:
			PROTOCOL NUMBER:
			TOOL USED:
			DATE COMPLETED:
			TECHNICIAN:
Write additional P or U codes here			