DEELEY
HARLEY-DAVIDSON.
CANADA

APPLICATION FOR RECALL STATUS LETTER

*****PLEASE READ CAREFULLY*****

To assist you with the importation of your Harley-Davidson® motorcycle into **CANADA**, please complete this application in its entirety and **fax it to: 905-660-9146**.

Requirements:

- This form **MUST** be completed in its **ENTIRETY** without any exceptions.
- A copy of the current **CERTIFICATE OF TITLE**
- A copy of the **BILL OF SALE**
- A **CANADIAN ADDRESS** must be provided below.
- A valid Visa or MasterCard
- A separate fax for each individual motorcycle
- The vehicle must bear a manufacturer's valid U.S. Compliance (VIN label) at the time of import. If missing, the requestor of this label must show proof that they are the current registered/plated owner of the vehicle (no exceptions). For further information, please visit: (http://www.riv.ca/ModificationAndInspectionRequirements.aspx).

***** APPLICATIONS WILL NOT BE PROCESSED IF: *****

- All fields are not completed and supporting documentation is not provided. Please note that there will be no follow-up if the requested documents are not received.
- The application is not clear and a fax number or e-mail address is not provided for a response.
- The vehicle has any branding. The vehicle must be clear of any branding such as **Junked**, **Non-Rebuildable**, **Not-Fit-For-Use-On-a-Roadway**, or other **SALVAGE** branding (no exceptions).

We highly recommend that you visit the following Transport Canada websites before submitting a request:

- http://www.tc.gc.ca/eng/roadsafety/menu.htm
- http://www.riv.ca/ModificationAndInspectionRequirements.aspx

Applicable Fees

Providing your vehicle meets all eligibility requirements for importation, there will be an administration fee of **$50.00 (CDN)** plus applicable taxes applied to a valid Credit Card only. Without payment your request will not be processed.

Please **PRINT** card holders' name: _____

Credit Card Number: (circle one) **VISA or MASTERCARD**

Expiry date: M M Y Y **Signature**_____ **Date:**_____

Vehicle Identification Number (VIN):

Odometer Reading: _____

Full Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____ **Country:** _____

Daytime Contact No.: _____ **Fax No.:** _____

E-mail Address: _____

Country **Exporting** Motorcycle **From**: _____

This motorcycle is (circle one): **NEW** or **USED** or **SALVAGE** (Salvage Titles will not be processed)

PLEASE ALLOW UP TO 15 BUSINESS DAYS FOR PROCESSING.
** By completing this application, you certify that the information you have provided is accurate**