

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

Vehicle Protection Product Warrantor Registration Amendment (General Laws Chapter 174C)

1. Exact Name of Warrantor: _____

2. Assumed Name / DBA Name: _____

3. Principal Office Address (P.O. Box is not sufficient):

Number and Street *City or Town* *State* *Zip*

4. Telephone: (____) _____

5. (a) Warranty Administrator: _____

(b) Administrator's Address in Massachusetts (P.O. Box is not sufficient):

Number and Street *City or Town* *State* *Zip*

(c) Telephone Number of Administrator: (____) _____

6. Will the warrantor: Maintain net worth of at least \$30,000,000 (attach sworn statement); or
 Maintain warranty liability reimbursement insurance (attach copy of policy).

7. (a) If insurance policy will be used, indicate insurer: _____

(b) Insurer's Address (P.O. Box is not sufficient):

Number and Street *City or Town* *State* *Zip*

(c) Telephone Number of Insurer: (____) _____

8. Type of Vehicle Protection Product Sold:

- Tracking Device Ignition Interrupt Window Identification System
 Auto Alarm Steering Lock Other _____

I certify that I have read and will abide by M.G.L. Chapter 174C, the Vehicle Protection Product Warranties Act. I also certify that the above information is true and correct.

Signed by, _____

- Chairman of the board of directors,
 President,
 Other officer

on this _____ day of _____, _____.