



REPLACEMENT E.O. DECAL FORM

In compliance with C.A.R.B. regulations, the following information needs to be completed in full before a Replacement E.O. Decal will be issued. Thank You.

Name: _____

Address: _____
Street Address

City, State, Zip

Phone Number: _____ Email: _____

Alternate Number: _____

AIRAID Intake System Part# (optional): _____ Date of Purchase (optional): _____

Vehicle Information: AIRAID Intake System is installed on a:

Year: _____ Make: _____ Model: _____ Engine size: _____

An AIRAID Intake System is application specific and must be installed on intended vehicle.

Vehicle License Plate #: _____ State: _____

V.I.N. Number: _____

The following information must be included when submitting this form:

- A photocopy of vehicle registration.
- A copy of the AIRAID System purchase receipt; **or** a photograph of the AIRAID Induction System installed on above listed vehicle (must show entire intake system)
- A photo of the VIN from driver's side door or windshield.

I declare the above information to be true in its entirety.

Customer Signature: _____ Date: _____

E-Mail to orders@knfilters.com (Please attach form and receipt or photos into ONE email. Please do not send multiple emails)

Or Mail the document and receipt or photos to:

AIRAID Filter Company
ATTN: Customer Service
P.O. Box 1329
Riverside, CA 92502