

**Airbag Deactivation/Reactivation Request**

**Part 1**

**1. Retailer Information:**

Retailer Name: ..... Service Manager:.....

Address: .....

Phone # ..... Fax #: .....

**2. Customer Information:**

Customer Name: .....

Address .....

**3. Vehicle Information:**

Model:..... Chassis No: \_ \_ \_ \_ \_ Mileage: \_ \_ \_ \_ \_

**4. Conversion Information:**

Driver Front Airbag: \_ Passenger Front Airbag: \_

Side Airbag (Front): \_ Side Airbag (Rear): \_

Rear HPS (Head Protection System) \_

Type of Conversion: Deactivation: \_ Reactivation: \_

Date of Conversion: (DD/MM/YY): \_ / \_ / \_

Conversion Equipment: DIS \_

Dealer Number\* in DIS \_ \_ \_ \_ \_

\* Print a ZCS coding label. The Dealer Number in the DIS tester is the 5 digit number preceding the “ / ” on the second line of label.

**5. Supporting Documentation to be sent with this fax:**

NHTSA Letter of Authority\* \_ Form “Authorization to Deactivate an Airbag” \_

\* Only required for deactivation of Driver or Passenger **FRONT** airbags

**Fax Part 1 to BMWNA Service Engineering Fax Number: (201)930-8424**

**Part 2**

**Conversion Confirmation:**

Conversion Performed: (Check one only) \_ Yes \_ No

Service Manager Signature .....Date .....

**Fax or Mail Part 2 to BMWNA Service Engineering Fax Number: (201)930-8424**

**For BMW use: Record change in DCS Vehicle Comments/Update database:.....**