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CIMS

TIRE INDUSTRY REGISTRATION CENTER
PO BOX 1000
AKRON OH 44309-1000

***** IMPORTANT *****

In case of a recall, we can reach you only if we have your name and address. You MUST send in this card to be on our recall list* DO IT TODAY!

OMB Control No. 2127-0050

SHADED AREAS MUST BE FILLED IN BY SELLER

Register ONLY Brand Printed Below

CARLISLE TRANSPORTATION PRODUCTS

DATE

CUSTOMER'S NAME (PLEASE PRINT LAST NAME FIRST)

CUSTOMER'S ADDRESS **APT / SUITE**

CITY

STATE **ZIP CODE**

TIRE IDENTIFICATION NUMBERS

QTY	1	2	3	4	5	6	7	8	9	10	11	12

SELLER COMPLETE (CAN BE RUBBER STAMPED)

SELLER'S NAME

SELLER'S ADDRESS

CITY **ST** **ZIP**

***Instead of mailing this form, you can register online at www.carlisletire.com**