

**US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
“MAKE INOPERATIVE” DISCLOSURE FORM (*Explanation*)**

(This is a bulleted form for reference only; please use QAP-F14 to complete for customer)

Modifier Information

Name of Person Making Modification: _____

Company Name: _____

City, State, Zip: _____

Phone Number: (_____) _____

Vehicle Information

Make: _____ Model: _____ VIN: _____

Owner's Name: _____

Address: _____

City, State, Zip: _____

Please check yes or no for the following questions:

Was there a driver modification made? ___ Yes ___ No Was there a passenger modification made? ___ Yes ___ No

___ Check here if required labeling has been placed adjacent to the original certification label.

- ***Must be placed on door or “B” pillar adjacent to OEM label***

This vehicle has been modified in accordance with 49 CFR Part 595.6 and may no longer comply with all Federal Motor Vehicle Safety Standards in effect at the time of its original manufacture.

Modification(s) Made

(Check All that Apply)

As a result of modifications to the above vehicle to enable a person with a disability to operate or ride as a passenger in the vehicle, said vehicle may no longer be in compliance with the following Federal Motor Vehicle Safety Standards or portions thereof (all that apply are checked):

___ 49 CFR 571.101 - **Control and display** - changes have been made. (except: identification, foot/hand operated controls, any source of illumination, as described in S5.2, S5.3.1, S5.3.2 (a) and S5.3.5 of that section).

- ***Headrest Switches***
- ***Touch Pads***
- ***Quad Consoles***

___ S5.1.1.5 of CFR 571.108 – **Lamps, Reflective Devices and Associated Equipment** - the turn signal operation has been made self-canceling by steering wheel rotation and is capable of canceling by manual operation.

- ***Modify OEM turn signal, disabling self-canceling feature***

___ S4.4 and S4.5 of 49 CFR 571.114 - **Key Locking System** - has been modified to include a combination of at least 1,000 and a warning to the driver shall be activated whenever the key has been left in the locking system.

- ***Modify OEM warning buzzer for key left in ignition***

___ S4(a) of CFR 571.118 – **Power-operated Windows** - a remote ignition switch has been installed using the guideline that it operates only when the key that controls the activation of the vehicle's engine is in the “ON”, “START” or “ACCESSORY” position.

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- *Power windows operated by remote or keyless ignition required*

_____ S5.1 and S5.2.1 of 49 CFR 571.123 – **Motorcycle Controls and Displays** - the relocation of a motorcycle’s original control equipment has been made, and a supplemental engine stop control has been provided.

- *Motorcycle controls – controls modified for disabled driver*

_____ S5.3.1 of 49 CFR 571.135 – **Passenger Car Brake System** - the original foot pedal has been removed.

- *Brake system – original foot pedal removed*

_____ 49 CFR 571.201 - **Occupant Protection in Interior Impact** - changes have been made impacting specifically on targets located on the right side rail, the right B-pillar, the first right side “other” pillar, left side rail, the left B-pillar, the first left “other” pillar, or the rear header and rearmost pillars adjacent to the stowed platform of a lift or ramp that stow vertically, inside the vehicle.

- *Padding for “B” pillar and/or other pillars removed for lift in stowed position*

_____ 49 CFR 571.202 (i) - **Head Restraint** - changes made wherein the vehicle is modified to be operated by a driver seated in a wheelchair and no other seat is supplied with the vehicle for the driver.

- *Driver seat removed for driver, driving from wheelchair*
- *Removed driver OEM seat*
- *Wheelchair tie down installed*

_____ 49 CFR 571.202 (ii) - **Head Restraint** - changes made wherein the vehicle is modified to transport a right front passenger seated in a wheelchair and no other right front passenger seat is supplied with the vehicle.

- *Removed OEM seat with headrest for passenger right front to be transported in wheelchair*
- *Wheelchair tie down installed*

_____ S3(b)(1) and (b)(2) of 49 CFR 571.202 - **Head Restraint** - was modified to accommodate a driver with a disability.

- *Seat was modified to accommodate a driver with a disability*
- *Modified transfer driver seat*

_____ S5.1 of 49 CFR 571.203 - **Impact Protection for the Driver from the Steering Control System** - a structural change, or removal of, the original equipment manufacture steering shaft has been made.

- *Steering column extension*
- *Specialized Steering*

_____ S5.2 of 49 CFR 571.203 - **Impact Protection for the Driver from the Steering Control System** - adaptive equipment was mounted on the steering wheel.

- *Steering devices (spinner knobs)*

_____ 49 CFR 571.204 - **Steering Control Rearward Displacement** - a structural change, or removal of, the original equipment manufacture steering shaft has been made.

- *Steering column extensions*
- *Horizontal steering*
- *Modifications to OEM steering column which removes the rearward displacement*

_____ S4.1 of 49 CFR 571.207 - **Seating System** - changes were made to driver’s seat to accommodate a person seated in a wheelchair that includes the installation of a wheelchair securement device.

- *Installed wheelchair tie downs*

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_____ 49 CFR 571.208 - ***Occupant Crash Protection*** – S4.1.5.1(a)(1), S4.1.5.1(a)(3), S4.2.6.2, S5, S7.2, S7.4, S14, S15, S16, S17, S18, S19, S20, S21, S22, S23, S24, S25, S26 and S27 for the designated seating position modified. These seating positions are equipped with Type 2 or Type 2(A) seat belts that meet the requirements of 49 CFR 571.209 and 571.210.

- ***Removed knee bolster to install hand controls***
- ***Air bag removed***
- ***Air bag on/off switches***
- ***Install type 2 or 2A seat belts***

_____ 49 CFR 571.214 - ***Side Impact Protection*** – S7 and S9 for the designated seating position and/or restraint system that has been modified to accommodate a person with a disability.

- ***Restraint system (seat belts or tie downs) or seats changed***

_____ As a result of the modifications, the load carrying capacity of the vehicle has been reduced by over 220lbs. to _____. The weight of the user’s wheelchair (check one) _____ is / _____ is not included in the available load carrying capacity.

- ***If equipment added (and/or removed) reduces load carrying capacity by over 220 lbs, the new load carrying capacity weight must be added in the blank field***
- ***Indicate (check) if the clients wheelchair weight was used or not used as part of the calculation***

Customer acknowledgement

I _____ understand that the above stated vehicle has been modified in accordance with 49 CFR Part 595.6 and may no longer comply with all Federal Motor Vehicle Safety Standards in effect at the time of its original manufacture. Said modifications have been done at my express request and were based on an evaluation provided to the above modifier in order to enable me or a member of my family with a disability to operate or ride as a passenger in the vehicle.

Customer Signature

Date

“Make Inoperative” Form

- ***Dealer info MUST be filled out***
- ***Customers vehicle and personal info MUST be filled out***
- ***MUST mark if the modifications are for driver or passenger***
- ***ORIGINAL copy give to customer – instruct customer to leave in vehicle***
- ***COPY placed in customer file for seven (7) years***