	Wheel well spacer SERVICE BULLETIN	UP 113 REV 2 2014-10-29
		Page 1 of 3

AMBULANCE TYPE: MX151D – MX163D

Units :- 63030 to 63092
- 63100 to 63149
- 63160 to 63164

ISSUE

This bulletin is to inform owners of Demers Ambulances (unit numbers listed above) that a modification of BOTH wheel well is required. It has been brought to our attention that some tires may rub on the side fender flare..

ACTION

Modification of the fender flare is required during the next scheduled 'A' service safety inspection. Please perform the modification as per the attached documentation.

SERVICE PROCEDURE

Modification time: 1 hour / per vehicle.

Please note:

With our new paperless warranty system no form is required to be filled out as these recalls are pre-approved for the time allotted, please fax your invoice to Demers Customer Assistance Centre service department at: 1-306-373-4144.

*Please be sure to indicate the service bulletin number on the invoice.

Should you require additional time or have questions please call our Demers Customer Service Centre toll free at **1-855-373-9789**.



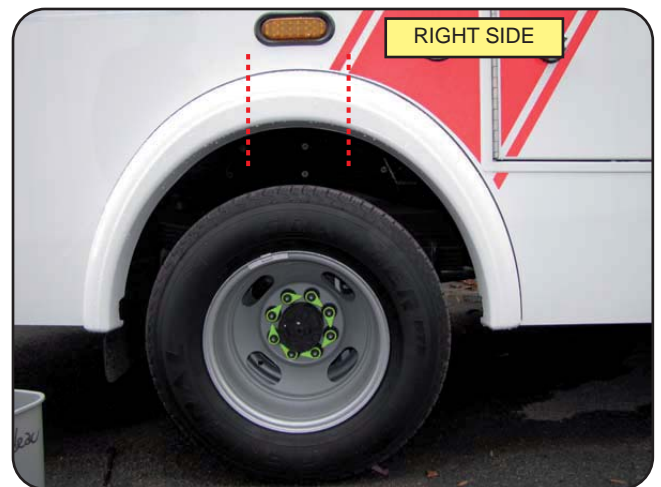
Use the parts provided to perform modification.



Use a jack as shown on picture to perform modification.



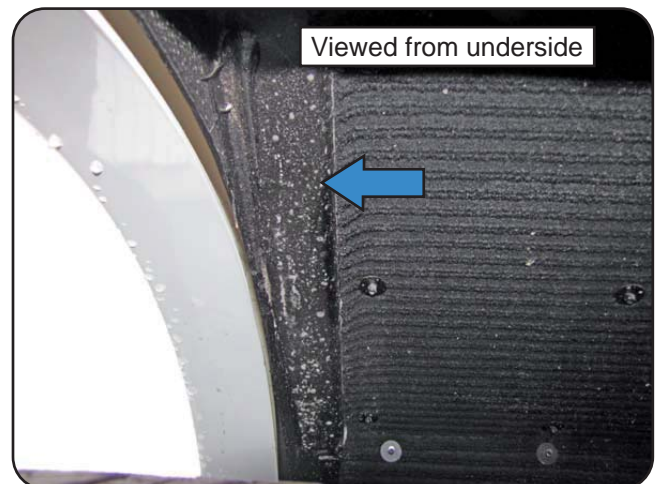
Use a jack as shown on picture to perform modification.



Identify location of modification.



Identify location of modification.



Identify location of modification.
Viewed from underside.

THE INFORMATION, TECHNICAL DATA AND STANDARDS DESCRIBED HEREIN ARE THE EXCLUSIVE PROPERTY OF DEMERS AMBULANCES AND/OR CONTAIN PROPRIETARY RIGHTS OF OTHERS AND ARE NOT TO BE USED OR DISCLOSED TO OTHERS WITHOUT THE WRITTEN AGREEMENT OF DEMERS AMBULANCES.



TITLE :			
WHEEL HOUSING SPACER INSTALLATION			
DATE :	2014-10-23	DRAW. :	# DRAWING :
# ASS :	Y. DUBÉ	# 00939	REV : 0
			PAGE : 1/2



Use the spacer as a template to mark the new holes.



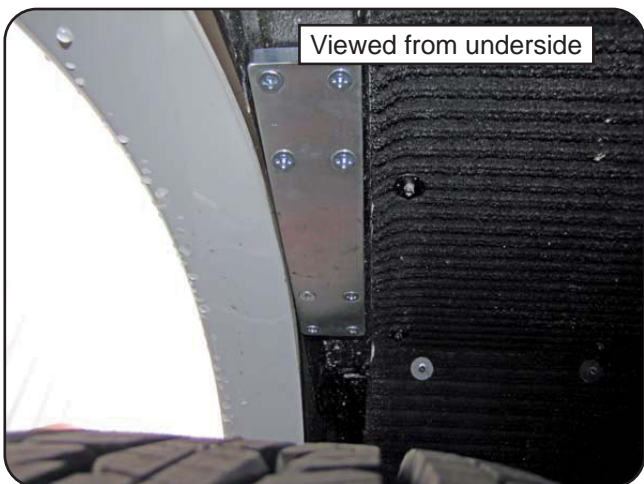
Drill 3/16" all previously marked locations.



Install the spacer with the screws provided.



View of the spacer, as installed



Viewed from underside

View of the installed spacer
Apply undercoating on the spacer.



Apply the same method for the other side.

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# ASS :			PAGE : 2/2



Warranty claim form

F-5.03

Rev. : 1

1	Vehicle serial number (V.I.N) (Number on dash, driver's side)				
2	Fleet unit number		3	Demers stock number	
4	Date in service (YY/MM/DD)		5	Milles / Miles	
6	Date of failure (YY/MM/DD)		7	Date of warranty claim	
8	Description of the issue				
9	Cause(s) of the issue				
10	Corrective(s) action(s)				
11	Estimated repair time				
12	Claim requested by		13	Invoice N°	
14	Billing address		15	Shipping address	
Phone:			Phone:		
Part N°	QTY	DESCRIPTION			
DEMERS RESERVED SECTION					
1. Warranty claim authorization no. :					
2. Time allowed for repairs :					
3. Warranty claim authorization date :					

Demers, Ambulances Manufacturer Inc. (West)

303 Jessop Avenue Saskatoon, SK, S7N 1Y5 Tel.: 306-373-4464 Fax: 306-373-4144

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