

	<p align="center"><b>SUSPENSION MODIFICATION SERVICE BULLETIN</b></p>	UP 105 REV 1 2014-01-20
		Page 1 of 1

AMBULANCE TYPE: MX151D (63030 - 63079)

## ISSUE

This bulletin is to inform owners of Demers Ambulances that a modification of the left (Driver side) suspension is required.

## ACTION

Modification of the driver side suspension is required during the next regular service scheduled. Please perform the modification as per the attach documentation.

## SERVICE PROCEDURE

Modification time: 1.5 hour / per vehicle.

Qty.	Description	Demers Part #
1	Suspension kit	K026200

### 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 **1-877-373-9789**.

1

E807243 X 2  
U BOLT 5/8 X 28 INTUB5828

E807242 X 1  
LEAF ,477 X 13,50" X 2 1/2

E003289 X 1  
BOLT  
CENTRAL  
REG. HEAD  
INTCB7680

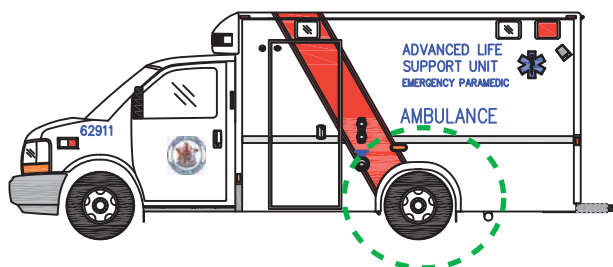
E003291 X 1  
HEX NUT  
7/16 UNF  
INTUNC716

E007115 X 4  
WASHER U BOLT 5/8 INTUBW58

E003290 X 4  
NUT UPPER INTDN58

2

DRIVER SIDE.



Remove left rear leaf spring as per workshop manual.

3



Lay springs on flat surface & install (2) C clamps.

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TITLE :

SUSPENSION MODIFICATION (BC)

DATE : 2014-01-24

DRAW. : Y. DUBÉ

# DRAWING : # 00904

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# ASS : K026200



Remove spring center bolt (through bolt) with clamps installed (note: may require vice grips on bottom to hold through bolt while removing upper 15mm nut on through bolt).



Install new center bolt into spring pack.  
Tighten nut properly and cut excess of bolt with die grinder.



Add new lower spring to leaf pack.

NOTE:

Reinstall spring pack in vehicle with new u-bolts, top plate and nuts as per workshop manual.

NOTE:

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## 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			
<b>DEMERS RESERVED SECTION</b>					
1. Warranty claim authorization no. :			<input type="text"/>		
2. Time allowed for repairs :			<input type="text"/>		
3. Warranty claim authorization date :			<input type="text"/>		

**Demers, Ambulances Manufacturer Inc. (West)**

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[www.demers-ambulances.com](http://www.demers-ambulances.com)

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