



ELIGIBILITY CERTIFICATE

For the Lifetime Powertrain Limited Warranty

Date: _____

Issued to:

Member Full Name: _____

Union Name & Local #: _____

Phone number: _____

Email: _____

Zip Code: _____

Dealer Info:

Dealer Name: _____

Dealer State: _____

Phone number: _____

Dealer Email: _____

Dealer Zip: _____

Vehicle (Year/Make/Model): _____ New: ☐ Pre-Owned: ☐

VIN: _____ Mileage at Delivery: _____

Sales Associate Signature: _____ Date: _____

Congratulations on your purchase of a vehicle utilizing your exclusive member benefits brought to you by the Union Auto Program!!

To ensure you receive your exclusive union member pricing, benefits and service, please email a scanned copy of this certificate and the Bill of Sale to helpline@unionautoprogram.com within 5 business days.