

# ATTENTION: SERVICE DEPARTMENT

Please complete the survey and fax to 201-342-3997

Dealership Name: ..... Contact Person: .....

City/State: ..... Phone Number: .....

*THIS INFORMATION WILL BE CONFIDENTIAL AND IS FOR DATA PURPOSE ONLY!*

1. Is there a labor operation or operations that your best technician cannot meet the published LTS time? If yes then please explain below or attach information.

Year ..... Model ..... Engine/Trans.....

Operation # ..... LTS Time ..... Clocked Time .....

Explanation:  
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.....

Year ..... Model ..... Engine/Trans.....

Operation # ..... LTS Time ..... Clocked Time .....

Explanation:  
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2. Have your warranty claims been either denied or reduced by Ford. If so, please provide details?

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3. Has your technician's efficiency in warranty changed since 1999? YES or NO  
If yes, what percentage? ..... % is this greater or less (please circle one)

4. How much time does your dealership or department spend on FMCDealer weekly to keep up with the commutations on the web-site? ..... Hours.

5. To what extent is your Ford representative requiring your dealership to participate on AWA? ..... % What amount for the Customer? .....% What percentage of your total warranty payments must you not exceed? ..... %. What is your dealership's current standing? DLR ..... % Cust .....% Total .....%

6. Any other concerns that you may have concerning warranty reimbursement?

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