



MCI FIELD CHANGE PROGRAM (FCP) VERIFICATION

CONTACT INFORMATION	
CUSTOMER NAME: _____ <small>(PLEASE PRINT)</small>	
FCP INFORMATION – ONE FORM PER UNIT	
FCP#: _____	Coach Model _____ Model Year _____
COACH SERIAL #: <small>(At least the last 5 digits)</small>	DATE COMPLETED __ / __ / __
MILEAGE:	
<u>IMPORTANT:</u> TO RECEIVE CREDIT FOR ANY ALLOWABLE LABOR CHARGES, THIS VERIFICATION FORM MUST BE RETURNED TO MCI UPON COMPLETION OF THE FCP.	
SUBMITTED BY: <small>(Please Print)</small> _____ DATE __ / __ / __	
TITLE: <small>(Please Print)</small> _____	
SIGNATURE: _____	
COMMENTS:	

FAX TO: 800-360-8886

MAILING ADDRESS:

**MOTOR COACH INDUSTRIES
ATTN: WARRANTY DEPT.
7001 UNIVERSAL COACH DRIVE
LOUISVILLE, KY 40258**