

**1999-2000 Protégé with 1.6L Engine
Mass Airflow Sensor Warranty Extension Program
(Non-California Emission Control Warranty Only)
[Special Service Program-SSP56]**

Dear Mazda Owner:

Mazda Motor Corporation has decided to conduct a Special Service Program to extend the warranty coverage of the Mass Airflow Sensor on certain 1999-2000 Protégé vehicles with the 1.6L engine and Non-California Emission Control Warranty. Although the potential for failure is unlikely, the **extended warranty** is available for 7 years from the original warranty start date or 70,000 miles, whichever ever occurs first. ***This warranty extension program is provided in the interest of customer satisfaction.***

IMPORTANT: If your vehicle is functioning normally, there is no need to contact your dealer. We suggest this letter is kept with the vehicle's warranty documents for future reference.

Vehicles with a Mass Airflow Sensor malfunction may exhibit any of the following symptoms: illumination of the Check Engine Light (located on your vehicle's instrument panel), lack of power, hesitation, unstable idle. Should a symptom occur, please make an appointment with your Mazda dealer to have your vehicle diagnosed. If the malfunction is due to a failure of the Mass Airflow Sensor during the terms of this Warranty Extension, it will be repaired free of charge. **Failure of the Mass Airflow Sensor will not cause the failure of any other components.** However, other components can cause these symptoms and are not covered under this extended warranty. This extension only covers the Mass Airflow Sensor.

To locate your nearest Mazda dealer, visit our Internet dealer locator at www.mazdausa.com/dealers or consult your local yellow pages.

If you have already paid for the replacement of the Mass Airflow Sensor, Mazda will reimburse you for reasonable repair expenses, based on Mazda's repair standards. Please complete the enclosed Reimbursement Application form, include the required documents, and return it in the pre-addressed envelope provided.

If you have moved or no longer own your Mazda Protégé, please complete the enclosed pre-paid *Information Change Card* as soon as possible. This enables us to update our records and notify the current owner.

If you are the lessor of a subject vehicle, we encourage you to forward this notification to the lessee to ensure the current driver of the vehicle is notified of this program.

If you have any questions regarding this campaign, please contact our Customer Assistance Center at (800) 222-5500, option #4.

Our goal at Mazda is to manufacture only the highest quality products. We hope this program will ensure your continued satisfaction with your Mazda Protégé.

Sincerely,

Mazda North American Operations

REIMBURSEMENT PLAN

I. Requirements for Reimbursement

If you meet all the following requirements, you are eligible to receive reimbursement under this plan:

1. You own or have owned a subject vehicle (1999-2000 Model Year Protegé with a 1.6L engine) within the following VIN range and production dates: JM1BJ22** *0 100001– JM1BJ22** *0 300995 and built from July 1, 1998 – August 1, 2000.
2. *You have paid* for repair to the Mass Airflow Sensor due to a defect in material or workmanship.
3. The repair mileage was 70,000 miles or less.
4. The repair was performed before February 2002.
5. You have an original or legible copy of the paid repair order or invoice showing:
 - Description of the concern reported
 - Replacement of the Mass Airflow Sensor on the subject vehicle
 - Itemized parts and labor charges
 - Vehicle model and year, and vehicle identification number (VIN)
 - Repair date
 - Repair mileage
 - Name, address and telephone number of the authorized Mazda Dealer or a licensed repair shop where such repairs were performed
 - *Your name* and address at the time of repair
6. Mail this reimbursement application form in the enclosed envelope **before February 2003** to:

Mazda North American Operations
P.O. Box 5049
Lake Forest, CA 92609-8549

II. Procedure for Reimbursement Request

If you wish to apply for reimbursement under this plan, please:

1. Complete the reimbursement application form clearly.
2. Mail this application with a legible copy of the paid repair order or invoice.
3. **Retain copies** of the paid repair order or invoice and this application form for your records.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your Vehicle Identification Number (VIN). Any reimbursement application form that is incomplete, illegible or sent without the legible copy of the paid repair order (invoice) will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted.

(SEE REVERSE SIDE FOR REIMBURSEMENT APPLICATION FORM)

REIMBURSEMENT APPLICATION FORM

1999- 2000 Protegé with 1.6L Engine (Non-California Emission Control Warranty Only) Mass Airflow Sensor Extended Warranty Program

(Please type or print)

Name: _____
First
Middle
Last

Address: _____
Street Address

_____ City
State
Zip Code

Phone Number: Home: _____
 Work: _____

Vehicle Identification Number (VIN): _____
(17 digits in length)

Total Amount of Reimbursement Requested: _____
Dollars Cents

INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:

Please:

- Fill in vehicle identification number
- Read thoroughly
- Sign the General Release at the bottom

General Release

I am submitting to Mazda Corporation ("Mazda") a claim for reimbursement for all repair(s) performed to date in connection to the Mass Airflow Sensor due to a defect in material or workmanship on my Mazda vehicle, as identified by the following Vehicle Identification Number:

VIN: _____

In exchange for Mazda's payment of that claim, I hereby release Mazda, its agents, and its related entities from all claims for such repair costs. This General Release shall benefit Mazda and its authorized agent Mazda North American Operations, its regions/distributors (foreign and domestic), its authorized dealerships, and all their respective directors, officers, agents, employees, divisions, subsidiaries, and affiliated companies. This General Release shall bind my heirs, successors, and assigns.

Dated: _____

Signed: _____

(SEE REVERSE SIDE FOR REIMBURSEMENT PLAN DETAILS)