

Robert Bosch LLC

Diesel Vehicle Diagnostics Application



BOSCH

Automotive

► Diesel Vehicle Diagnostics

Today's Date: _____

Company Name: _____

Owner's Name: _____

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Website: _____

I wish to be authorized to service the following Bosch Diesel Systems:

- Bosch Light Duty Diesel Systems (Passenger Car & Class 1-3 vehicles)

Engine Cylinders: _____ Engine Displacement (size): _____

How long have you been in business? _____ yrs

How long have you been at this location? _____ yrs

Do you currently hold any franchise agreements? _____

If yes, for what companies? _____

Attach photographs of your facility including an overall view from the front, customer reception area, parts storage and service area. Applications without photographs will not be considered.

Upon completion of this application, please mail or email this form and photographs to:

Robert Bosch LLC,
Attn: AA/SNA3-TSS-N.Yena
2800 South 25th Ave.
Broadview, IL 60155
nancy.yena@us.bosch.com