



National Automotive Service Task Force Service Information Feedback/Request Form

This feedback/request form provides NASTF with information that will identify any problems service technicians may encounter through the use of the OE service matrix.

Technician Name: _____ Phone: _____

Shop Name: _____ E-mail: _____

Vehicle Manufacturer: _____ Phone number called: _____

Date: _____ Time: _____ Contact Name: _____

Information requested: _____

Briefly describe response from contact: _____

Return completed form by mail, fax, or e-mail to: Mary Hutchinson, NASTF, 101 Blue Seal Drive SE, Ste. 101,
Leesburg, VA 20175 Phone: (703) 669-6643 FAX: (703) 669-6124 (attention Mary) E-mail: mhutchinson@ase.com

THIS FORM MAY NOT BE ALTERED WITHOUT SPECIFIC WRITTEN PERMISSION FROM NASTF.

THIS FORM MAY BE COPIED AND DISTRIBUTED WITHOUT PERMISSION.