

Reader Response Form

Are you having trouble identifying a part on your car? Is there a part on your car that you believe is original, but its casting number is not listed in this book? Are there codes that you don't understand? Are you interested in the national trim validation service mentioned in Chapter 1? If so, copy or print this form, fill it out, noting where your question or comment is, and mail it to the author at the address listed to the right. Help make this book the best reference it can be.

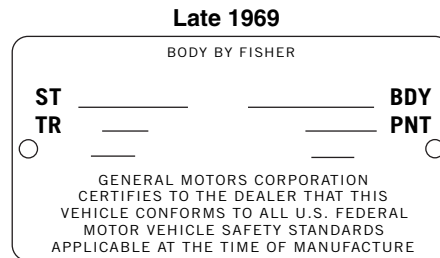
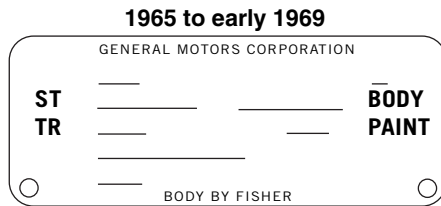
Send to:

Alan Colvin
 3005 Barret Ave.
 Plant City, FL 33566
 www.AlanColvin.com

Your Name: _____ Phone: _____
 Address: _____ Fax: _____
 _____ E-Mail: _____

VIN: _____ Series: _____
 Model: _____ Body Style: _____

Trim Tag (fill in):



Trim Tag Position (be specific): _____

Engine code: _____	Exhaust _____	LH _____	RH _____	Maincase #: _____
Engine VIN stamp: _____	Casting #: _____/_____			Maincase Date: _____
Stamp: <input type="checkbox"/> Gang <input type="checkbox"/> Individual	Casting Date: _____/_____			Extension #: _____
Block Casting #: _____	Distributor: _____			Extension Date: _____
Block Casting Date: _____	Date Code: _____			Sidecover #: _____
Main Bearing Cap: <input type="checkbox"/> 2-bolt <input type="checkbox"/> 4-bolt	Vacuum Unit: _____			Sidecover Date: _____
Intake Casting #: _____	Alternator: _____			Front Bearing Retainer #: _____
Intake Casting Date: _____	Date Code: _____			Rear Axle Type: _____
Head Casting #: _____	Carburetor Type: _____			Axle Code: _____
Head Casting Date: _____	Stamping #: _____			Build Date: _____
Material: <input type="checkbox"/> Cast Iron <input type="checkbox"/> Aluminum	Date Code: _____			Center Section #: _____
Symbol at end of head (if any): _____	Primary Metering #: _____			Positraction #: _____
Water Pump #: _____	Secondary Metering #: _____			Length:
Casting Date: _____	Transmission Type: _____			• Axle shaft (each) _____
Crank Casting # _____	Build Date: _____			• Between spring seat centers _____
Camshaft #: _____	Date Location: _____			Does car have the protect-o-plate?
	VIN Stamp #: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
				Does car have the build sheet located under gas tank? <input type="checkbox"/> Yes <input type="checkbox"/> No

List all special options that you believe the car was delivered with: _____

—Please Fill Form Out Completely—