STELLANTIS | DRIVEABILITY

APPLICATION FORM

(See reverse side for program guidelines, eligibility and required documentation.)
Required documents for reimbursement approval:

✓ Completed application form

✓ Copy of vehicle registration

✓ Copy of itemized paid invoice from adaptive equipment company

✓ Original prescription/letter from a licen medical doctor when required (See item #3 on back for details.)

✓ Copy of signed Buyer's Order or Lease Agreement

VEHICLE OWNER INFORMATION

(Please Print)

Vehicle ID Number

Retail Delivery Date ___ / ___ / ___
Month Day Year

Purchased at FCA US LLC Dealer: Chrysler, Dodge, Jeep®, Ram, FIAT® or ALFA ROMEO ☐ Mobility Dealer ☐

Please follow the claim instructions carefully and be sure that all sections of this form are completed before mailing to DriveAbility / (Automobility) Program Headquarters.

Name

Address

City State ZIP

Daytime Telephone Number

Email Address

DEALER INFORMATION

FCA US Dealer or Mobility Company Name

Address

City State ZIP

Daytime Telephone Number

FCA US Dealer Code (Chrysler, Dodge, Jeep®, Ram, FIAT® or ALFA ROMEO) if applicable

Total cost of adaptive equipment and installation: $ _____

Description of adaptive equipment installed: _____

Payment issued to: ☐ Customer ☐ FCA US Dealer (Chrysler, Dodge, Jeep®, Ram, FIAT® or ALFA ROMEO) Customer Initials _____

I verify that the above information is accurate and complete, and I have agreed the payment is to be issued as above.

Customer Signature	Date
×	×

I verify that the above vehicle has had the adaptive equipment installed as described on the attached receipt(s).

Dealer Authorized Signature	Printed Name	Title	Date
×	×	×	×

Note: A copy of the paid receipt(s) detailing the adaptive equipment and costs must be attached to this application form.

DRIVEABILITY PROGRAM GUIDELINES

This form must be used to submit a claim for reimbursement under the terms and conditions of the Stellantis DriveAbility Program. Through this program, FCA US will provide a reimbursement to each eligible customer who incurs out-of-pocket expenses to install qualifying adaptive driver or passenger equipment on a purchased or leased new Chrysler, Dodge, Jeep®, Ram, FIAT® or ALFA ROMEO vehicle (unless discontinued or excluded earlier at the discretion of FCAUS). Consult your dealer or call DriveAbility Program Headquarters for eligibility requirements and program expiration dates.

1. Vehicles sold or leased and delivered to a customer by a participating franchised FCA US dealer or mobility dealer are eligible for payment under this program. Certain types of fleet sales and leases may also qualify. See dealer for details. Sales and installation of adaptive equipment on new FCA US vehicles by mobility equipment dealers may also qualify for reimbursement Contact DriveAbility Program Headquarters for further information.

2. The adaptive equipment must be installed within six months of vehicle purchase or lease. An application form must be submitted to DriveAbility ProgramHeadquarters within 60 days of complete installation of adaptive equipment. Note that for certain adaptations, such as wheelchair-capable vehicles,scooter hoists or hand controls the requirements for a medical note or prescription will be waived. Running boards, alerting devices and similar-type adaptations must have medical documentation. DriveAbility Program Headquarters can answer questions about other adaptations.

3. Adaptive equipment is defined as portable or permanent equipment whois required by persons with a permanent disability to drive, enter, exit and/or be transported safely in a FCA US motor vehicle. Factory-optional equipment is not reimbursable under this program.A prescription or note from a licensed medical doctor physician's letterhead stating the specific diagnosis is required for reimbursement, excluding exceptions listed above.

4. Conversions to all Chrysler, Dodge, Jeep®, Ram, FIAT®, or ALFA ROMEO models may be reimbursed up to a maximum of 1,000.

5. Running boards qualify for reimbursement up to a maximum of $400 on eligible vehicles.

6. Alerting devices qualify for reimbursement up to a maximum of $200 on eligible vehicles.

7. This application form must be completed in its entirety and signed by the customer and a franchised FCA US dealer or mobility dealer.

8. FCA US will be the final judge as to the eligibility, interpretation and fulfillment of all elements of FCA US consumer incentive programs. Any payment or benefits received are subject to the Official Program Rules, which have been made available to all participating dealers.

9. Small business owners and fleet accounts must provide a business license or legal documentation indicating that they provide services to the physically challenged in lieu of the prescription.

10. A copy of this application form, a copy of the adaptive equipment company's itemized paid invoice, a copy of signed Buyer's Order/Lease Agreement,the vehicle registration and prescription or note from a licensed medical doctor physician letterhead stating the specific diagnosis(when required)must be mailed to the following address:

DriveAbility Program Headquarters

P.O. Box 5080, Troy, MI 48007-5080

Email – rebates@stellantis.com

Payment to the individual DriveAbility Program customer who purchased through a mobility dealer will be mailed within six weeks after receipt of an approved application form and all required documentation.

Please call DriveAbility Program Headquarters

with any questions: 800-255-9877

Hotline Hours 8 a.m. – 8 p.m. EST Monday – Friday

www.stellantisfleet.com/accessibility.html

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