



CHECK ENGINE LIGHT / HARD STARTING QUESTIONNAIRE

Please take a few minutes to complete this form to the best of your ability so we may serve you better. Bring it with you to your scheduled appointment or place it in the drop box envelope with your keys for a night drop off. Thank you.

Customer Name: _____ Radio code: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Call Text Phone No: _____ Call Text

Vehicle Year, Make & Model: _____ Mileage(optional): _____

Does your vehicle have wheel locks? Yes No If so, Key location: _____

***Please check all applicable boxes and fully describe the condition that applies to your vehicle.*

The problem is:

- Hard starting
- Engine cranks
- Engine does not crank
- Idle is rough
- Idle is high
- Idle fluctuates
- Engine hesitates
- Engine backfires or makes a popping sound
- Engine misfires or skips
- Abnormal odors
- Poor mpg: previous mpg _____ current mpg _____
- Other (please describe) _____

Check Engine Light: Check engine light is on at this time Yes No

Does the check engine light always stay on? Yes No Is the check engine light flashing? Yes No

Are there any other warning lamps on? Yes No

Has the check engine light been on before? Yes No If so, when? _____

What was the last service performed on your vehicle? _____

The problem occurs: Always Sometimes (1 or 2 times a week)

Rarely (1 or 2 times a month) Just started

Engine temperature: Cold While warming up Normal operating temperature

Hot All of the above

Outside temperature: Cold Warm Hot Humid or raining

Driving conditions: Hard accelerating Medium accelerating Light accelerating

Decelerating Cruising Cornering

Additional Comments: _____

Signature

Date