

ATTENTION:

GENERAL MANAGER PARTS MANAGER
 CLAIMS PERSONNEL SERVICE MANAGER

IMPORTANT - All Service Personnel Should Read and Initial



SERVICE BULLETIN

APPLICABILITY: 1995~1999MY Legacy Vehicles
 1994~2001MY Impreza Vehicles
SUBJECT: Airbag On/Off Switches

NUMBER: 17-05-01
DATE: 05/01/01

The purpose of this Service Bulletin is to outline the sequence of events and requirements that need to be satisfied before an Airbag On/Off Switch can be installed in a customer's vehicle.

When a customer contacts your dealership inquiring about having an Airbag On/Off Switch(s) installed, he or she should be made fully aware of these requirements and be presented with a detailed Parts and Labor cost estimate up front.

- 1) In order for your customer to make the most informed decision possible, it is recommended they first obtain a copy of "Air Bags & On/Off Switches: Information for an Informed Decision" from NHTSA (the National Highway Traffic Safety Administration) via the Internet address: <http://www.nhtsa.gov/airbags/brochure/> or by calling the NHTSA Hotline at: 1-800-424-9393.
- 2) Once customers have read this information and made the decision to proceed, they must obtain a request form from NHTSA, also available via an Internet address: http://www.nhtsa.gov/airbags/brochure/Req_Form.html or by calling the above 1-800 #. A sample copy of this form can be found on pages 3 and 4 of this bulletin. This form must be completed by the customer and sent back to NHTSA for review. NHTSA will then send back either a rejection notice or an approval with the required authorization number.
- 3) Page 4 of this bulletin is a blank copy of the "Waiver of Liability" form. For your protection, you will need to copy this waiver page and have BOTH your customer and a witness complete and sign the bottom where indicated along with the vehicle's VIN number and the installing dealer code. The original copies of these completed forms must be kept in the customer's service history file at the dealership for future reference. A photocopy of each form must be promptly sent to:
 Subaru of America, Inc.; PO Box 6000, Cherry Hill, NJ 08034-6000; Attn: CDS.

VERY IMPORTANT! DO NOT PROCEED WITH THE SWITCH KIT INSTALLATION UNTIL YOU HAVE RECEIVED THE COMPLETED NHTSA AUTHORIZATION FORM FROM THE CUSTOMER AND A COMPLETED AND SIGNED WAIVER OF LIABILITY!

continued on next page...



CAUTION: VEHICLE SERVICING PERFORMED BY UNTRAINED PERSONS COULD RESULT IN SERIOUS INJURY TO THOSE PERSONS OR TO OTHERS.

Subaru Service Bulletins are intended for use by professional technicians ONLY. They are written to inform those technicians of conditions that may occur in some vehicles, or to provide information that could assist in the proper servicing of the vehicle. Properly trained technicians have the equipment, tools, safety instructions, and know-how to do the job correctly and safely. If a condition is described, DO NOT assume that this Service Bulletin applies to your vehicle, or that your vehicle will have that condition.

- 4) Make sure that the NHTSA authorization matches the installation you are doing. For example: if the authorization obtained is for a driver's side switch only or a passenger's side switch only, make sure you install only the side that is authorized. If the authorization is for both sides, install both switches.

Parts Applicability Information:

Model Year and Vehicle	Part Number	Description
1994-97 Impreza and 1995-97 Legacy	X9821-AC-000	Driver's Side Kit
1994-97 Impreza and 1995-97 Legacy	X9821-AC-010	Passenger's Side
1998-2001 Impreza and 1998-99 Legacy	X9821-AC-020	Driver's Side Kit
1998-2001 Impreza and 1998-99 Legacy	X9821-AC-030	Passenger's Side

Individual component parts are listed on a chart that is included in the instruction booklet.

Suggested Installation Times:

Model Year and Vehicle	Type	Labor Hours
1994-97MY Impreza	A	2.0
1998-01MY Impreza	B	1.8
1995-99MY Legacy	n/a	1.5

The above suggested installation labor times cover the combined installation of both driver and passenger-side switches. If only one side switch is being installed, times should be adjusted accordingly.

Any further questions should be directed to the Subaru Technical Support Line. Currently, switch kits are available only for the Legacy and Impreza models indicated in the above part number chart.

APPENDIX B TO PART 595--REQUEST FORM



U. S. DEPARTMENT OF TRANSPORTATION
 NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

OMB. No. 2127-0588
 Expiration Date: 11/30/00

REQUEST FOR AIR BAG ON-OFF SWITCH

Vehicle Owner or Lessee Instructions:

Read the National Highway Traffic Safety Administration (NHTSA) information brochure, "Air Bags & On-Off Switches, Information for an Informed Decision." If you want authorization for an on-off switch for your driver air bag, passenger air bag, or both, fill out Parts A, B, E and F completely, fill out Parts C and D as appropriate, and send this form to:

National Highway Traffic Safety Administration
 Attention: Air Bag Switch Request Forms
 400 Seventh Street, S. W.
 Washington, D.C. 20590-1000

- Please print.
- Please note: Incomplete forms will be returned to the owner or lessee.
- If you need a copy of the brochure or have any questions about how to fill out this form, call the NHTSA Hotline at 1-800-424-9393.

Part A. Name and address											
First				Middle				Last			
Street address(Residence)						City		State		Zip	
Part B. I own or lease the following vehicle: (Owners of multiple vehicles should complete the additional instructions at the end of this form):											
Make				Vehicle Identification Number							
<small>(Vehicle Identification Number is located on driver's side of dashboard near windshield and on certification label on driver's door frame)</small>											
Model				Year							
Part C. Switch for Driver Air Bag											
I request authorization for the installation of an on-off switch for the driver air bag in my vehicle. I certify that I or another driver of my vehicle meets the criteria for the risk group checked below. (At least one box must be checked.)											
<input type="checkbox"/> Medical condition. The driver has a medical condition which, according to his or her physician: <ul style="list-style-type: none"> ● causes the driver air bag to pose a special risk for the driver; and ● makes the potential harm from the driver air bag in a crash greater than the potential harm from turning off the air bag and allowing the driver, even if belted, to hit the steering wheel or windshield in a crash. 											
<input type="checkbox"/> Distance from driver air bag. Despite taking all reasonable steps to move back from the driver air bag, the driver is not able to maintain a 10-inch distance from the center of his or her breastbone to the center of the driver air bag cover.											
Part D. Switch for Passenger Air Bag.											
I request authorization for the installation of an on-off switch for the passenger air bag in my vehicle. I certify that I or another passenger of my vehicle meets the criteria for the risk group checked below. (At least one box must be checked.)											
<input type="checkbox"/> Infant. An infant (less than 1 year old) must ride in the front seat because: <ul style="list-style-type: none"> ● my vehicle has no rear seat; ● my vehicle has a rear seat too small to accommodate a rear-facing infant seat; or ● the infant has a medical condition which, according to the infant's physician, makes it necessary for the infant to ride in the front seat so that the driver can constantly monitor the child's condition. 											

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<input type="checkbox"/>	<p>Child age 1 to 12. A child age 1 to 12 must ride in the front seat because:</p> <ul style="list-style-type: none"> ● my vehicle has no rear seat; ● although children ages 1 to 12 ride in the rear seat(s) whenever possible, children ages 1 to 12 sometimes must ride in the front because no space is available in the rear seat(s) of my vehicle; or ● the child has a medical condition which, according to the child's physician, makes it necessary for the child to ride in the front seat so that the driver can constantly monitor the child's condition.
<input type="checkbox"/>	<p>Medical condition. A passenger has a medical condition which, according to his or her physician:</p> <ul style="list-style-type: none"> ● causes the passenger air bag to pose a special risk for the passenger; and ● makes the potential harm from the passenger air bag in a crash greater than the potential harm from turning off the air bag and allowing the passenger, even if belted, to hit the dashboard or windshield in a crash.
<p>Part E. I make this request based on following certification and understandings: (Check each box below after reading carefully.)</p>	
<input type="checkbox"/>	<p>Information brochure. I certify that I have read the NHTSA information brochure, "Air Bags & On-Off Switches, Information for an Informed Decision." I understand that air bags should be turned off only for people at risk and turned back on for people not at risk.</p>
<input type="checkbox"/>	<p>Loss of air bag protection. I understand that turning off an air bag may have serious safety consequences. When an air bag is off, even belted occupants may hit their head, neck or chest on the rear wheel, dashboard or windshield in a moderate to serious crash. That possibility is especially true in newer vehicles with seat belts that are specially designed to work with the air bag. Those belts, which are designed to reduce the concentration of crash forces on any single part of the body, typically allow the occupant to move farther forward in a crash than older belts. Without an air bag to cushion this forward movement, the chance of the occupant hitting the vehicle interior is increased.</p>
<input type="checkbox"/>	<p>Waiver. I understand that many rental car companies and other businesses may require me to sign a waiver of liability before they install an on-off switch.</p>
<p>Part F. Certification</p> <p>I certify that the information on this form are truthful, correct and complete to the best of my knowledge and belief. I recognize that the statements I have made on this form concern a matter within the jurisdiction of a department of the United States and that making a false, fictitious or fraudulent statement may render me subject to criminal prosecution under Title 18, United States Code, Section 1001.</p>	
Date	Signature of owner/lessee

Additional instructions and information for vehicle owners and lessees: An owner or lessee of multiple vehicles (e.g., a fleet owner) who wants an on-off switch for the same air bag (e.g., just the passenger air bag) in more than one vehicle and for the same reason does not need to submit a separate form for each vehicle. Instead, the owner or lessee may list the make, model, model year, and vehicle identification number for each of those vehicles and attach the list to a copy of this form. Each page of the list must be signed and dated by the owner or lessee. A list may also be attached to a single copy of this form if the owner or lessee wishes to request authorization for on-off switches for both air bags in multiple vehicles.

Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. That number appears above.

WAIVER OF LIABILITY
FOR INSTALLATION OF AIR BAG ON/OFF SWITCH

Note: This form must be signed by all purchasers of a Subaru air bag ON/OFF switch.

As a condition of sale or sale and installation of a Subaru air bag ON/OFF switch, the undersigned:

1. Acknowledges that he/she has read and understands the National Highway Traffic Safety Administration (NHTSA) brochure entitled, "Air Bags & On-Off Switches, Information for an Informed Decision" and fully appreciates the risks associated with air bag deactivation.
2. Represents that he/she has received NHTSA authorization for installation of an air bag ON/OFF switch.
3. Acknowledges receipt of the Air Bag ON/OFF Switch Owner's Manual Supplement explaining the proper operation and use the Subaru air bag ON/OFF switch.
4. Releases and forever discharges the dealer, Subaru of America, Inc., and Fuji Heavy Industries, Ltd., from and against any and all causes of action, claims and demands arising out of or in any way related to the sale, installation, use, ownership or operation of the air bag ON/OFF switch in a vehicle owned, leased or operated by the undersigned, or a vehicle in which the undersigned is a passenger, including without limitation claims for personal injury, property damage or both, as well as for all resulting consequences, whether or not anticipated, from this date forward.
5. Agrees that this release is binding not only on the undersigned but also on his/her heirs, personal representatives, executors, administrators, successors and assigns.
6. Acknowledges that this release extends not only to the dealer, Subaru of America, Inc. and Fuji Heavy Industries, Ltd., but also to all past, present and future Subaru dealers and distributors, and to the respective shareholders, owners, officers, directors, agents, servants, successors and assigns of all parties released.
7. Agrees prior to the sale to a subsequent purchaser of the vehicle in which the Air Bag ON/OFF switch is installed to have the switch and related components removed and the vehicle's air bag system restored to its original condition.
8. Agrees to indemnify and hold forever harmless all parties released hereunder from and against all causes of actions, claims and demands brought against them by any passengers in the vehicle and arising out of or in any way related to the sale, installation, use, ownership or operation of the air bag ON/OFF switch, including without limitation claims for personal injury, property damage or both as well as for all resulting consequences, whether or not anticipated.
9. Agrees that if any portion of this waiver shall be deemed unenforceable, that shall not affect the enforcement of the remaining portions.

Dated: _____

Signature

Witness: _____

Name (please print)

Signature

Name (please print)

Address

Address

VIN: _____

Dealer: _____

Dealer must maintain this originally signed form in its file. A photocopy must be sent to Subaru of America, Inc., P.O. Box 6000, Cherry Hill, NJ. 08034-6000 Attn: CDS

