

Manufacturer and Product Identification

(Suggested form to comply with 49 CFR Part 566)

Manufacturer's Information

Submission Type: ☒ Initial ☐ Revision

Full Name of Company:

Great Lakes Tire LLC

All Company DBAs:

Company Principal Officer:

Moore

Last

Brady

First

CFO

Position

Company Address:

12225 Stephens rd

Street, Suite No., P.O. Box No.

Warren

City

Michigan

State/Province

Country

48089

Postal Code

Company Contact Info:

586 939 7000 ext 2806

Telephone

Facsimile

alexander@transporttechllc.com

E-mail

Web Site

Submitted by Company Official:

Alexander Conlan

Printed Name

Director

Company Position

10/7/14

Date

Your Company Manufactures What Regulated Equipment Items? (Check all that apply)

(Regulated equipment items are only the 13 equipment listed below that are subject to a Federal motor vehicle safety standard)

- | | | | | | | |
|---|--|--|---|---|---|---|
| <input checked="" type="checkbox"/> Tires | <input type="checkbox"/> Rims | <input type="checkbox"/> Brake hoses | <input type="checkbox"/> Brake fluid | <input type="checkbox"/> Seat belts | <input type="checkbox"/> Lamps, Reflectors, and Assoc Equip | <input type="checkbox"/> Motorcycle Helmets |
| <input type="checkbox"/> Glazing | <input type="checkbox"/> Child Restraint Systems | <input type="checkbox"/> Platform Lits | <input type="checkbox"/> Rear Impact Guards | <input type="checkbox"/> Triangular Warning Devices | <input type="checkbox"/> CNG Containers | |

Your Company Manufactures What Types of Vehicles? (Check all that apply)

(Please identify the approximate GVWR (in pounds) in the space provided below)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Passenger Cars
GVWR _____ to _____ | <input type="checkbox"/> Multipurpose Passenger Vehicles
GVWR _____ to _____ | <input type="checkbox"/> Trucks
GVWR _____ to _____ | <input type="checkbox"/> Low-Speed Vehicles
GVWR _____ to _____ |
| <input type="checkbox"/> Pole Trailers
GVWR _____ to _____ | <input type="checkbox"/> Buses (other than School Buses)
GVWR _____ to _____ | <input type="checkbox"/> School Buses
GVWR _____ to _____ | <input type="checkbox"/> Motorcycles
GVWR _____ to _____ |
| <input type="checkbox"/> Trailers
GVWR _____ to _____ | | | |

- ☐ Incomplete vehicles - means an assemblage consisting, at a minimum, of chassis (including the frame) structure, power train, steering system, suspension system, and braking system, in the state that those systems are to be part of the completed vehicle, but requires further manufacturing operations to become a completed vehicle. Also means an incomplete trailer. GVWR _____ to _____

What Type of Vehicle Manufacturer or Alterer is Your Company? (check all that apply)

Note: If you are a completed vehicle or incomplete vehicle manufacturer, you must also submit VIN deciphering info under 49 CFR Part 565

- ☐ Completed Vehicle Manufacturer - a manufacturer of vehicles that require no further manufacturing operations to perform their intended function
- ☐ Incomplete Vehicle Manufacturer - a manufacturer of incomplete vehicles, as defined above
- ☐ Intermediate Manufacturer - a manufacturer (other than the incomplete vehicle manufacturer or the final-stage manufacturer) who performs manufacturing operations on a vehicle manufactured in two or more stages
- ☐ Final-Stage Manufacturer - a manufacturer who performs such manufacturing operations on an incomplete vehicle that it becomes a completed vehicle
- ☐ Alterer - a person who alters by addition, substitution, or removal of components (other than readily attachable components), a certified vehicle before the first purchase of the vehicle other than for resale

Instructions for Completing, Revising, and Submitting Your Information

49 CFR Part 566 requires that a manufacturer of motor vehicles and regulated motor vehicle equipment items submit to NHTSA not later than 30 days after manufacturing begins information about the company and the products it manufactures. This suggested form will assist a manufacturer to comply with Part 566. Please complete the form by typing or clearly printing. Each manufacturer who has submitted this information must keep its entry current, accurate, and complete by submitting revised information not later than 30 days after the relevant changes in its business occur.

Mail the completed form to:
Attention: VIN Coordinator
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE
West Building, Room W45-205
Washington, DC 20590
Fax: 202-366-3081