

SUBJECT: REAR IMPACT GUARD (BUMPER) REQUIREMENTS, MAINTENANCE AND PROPER REPLACEMENT ON UTILITY TRAILERS manufactured after January 1998

Utility trailers manufactured after January 1998 are built to certify rear bumper compliance with the Federal Regulations specified in DOT 49 CFR, Parts 571.223 and 571.224. Each guard is equipped with a label that certifies that compliance.

Replacement bumpers that may be required on trailers noted above (due to damage, for example) must be ONLY UTM-DESIGNED AND MANUFACTURED rear bumpers. These replacement bumpers, which are the current design horizontal and vertical members, are available through Utility's After-Market Division by making a request, properly filling out and submitting a Dealer Request for Replacement DOT Rear Impact Guard & Certification Label (sample, Page 2).

In a case where a label replacement only is required (for example, the label is illegible or is missing), a new label for replacement is available through the After-Market Division by making a request, properly filling out and submitting a Dealer Request for Replacement DOT Certification Label (sample, Page 3).

WARNING! The use of a non-Utility designed and manufactured rear bumper on above noted trailers could significantly change the strength and energy-absorbing characteristics of the original bumper, thereby making the trailer non-compliant with current law. For example, Holland markets an after-market bumper that does not meet UTM requirements. The following warning sticker has been recently added by Holland to all of their replacement bumpers. UTM has no installation method or drawings for this Holland product.



Any further questions may be directed to the Field Service Department at 800-423-6591.

Field Service Department
UTILITY TRAILER MANUFACTURING COMPANY

DEALER REQUEST
for
REPLACEMENT DOT REAR IMPACT GUARD & CERTIFICATION LABEL

TO: **UTILITY TRAILER MANUFACTURING COMPANY**
After-Market Division - Fax No: 626-965-9574
City of Industry, California 91748

(The following information must be properly filled in and signed by the authorized dealer, and forwarded to the above address.)

Trailer Vehicle Identification Number _____
(17 digit VIN)

Model _____ Date of Manufacture _____

I am requesting a replacement DOT Rear Impact Guard with Certification label, and by signing this document, I certify that:

- 1) The rear impact guard was ordered and supplied by UTM AFTERMARKET DIVISION as a UTM-designed-and-manufactured guard to replace the original guard installed by the manufacturer, Utility Trailer Manufacturing Company.
- 2) The replacement rear impact guard will be installed on above noted trailer per UTM Drawing No. _____.
- 3) The replacement DOT rear impact guard will be installed to an undamaged support structure.
- 4) The undersigned promises to indemnify and hold harmless Utility Trailer Manufacturing Company for any wrongful use of the label.
- 5) The undersigned agrees not to resell the replacement guard.

(Date)

(Signature of authorized individual)

(Name of authorized individual) (Please print)

(Name of authorized Utility dealer)

For Field Service use only
Decal No. _____
WN No. _____

DEALER REQUEST FOR REPLACEMENT OF
DOT REAR IMPACT GUARD CERTIFICATION LABEL

TO: **UTILITY TRAILER MANUFACTURING COMPANY**
After-Market Division - Fax No: 626-965-9574
City of Industry, California 91748

(The following information must be properly filled in and signed by the authorized dealer and forwarded to the above address.)

- 1) Trailer Vehicle Identification Number _____
- 2) Model _____ Date of Manufacture _____

I am requesting a replacement DOT Rear Impact Guard Certification label, and by signing this document, I certify that:

- 3) The rear impact guard presently on the above trailer is the original guard installed by the manufacturer, Utility Trailer Manufacturing Company.
- 4) The trailer and rear impact guard has been inspected and meets the requirements per UTM Drawing No. _____.
- 5) The original DOT Rear Impact Guard Certification label on this trailer is missing or unreadable.
- 6) The replacement label will be installed by the dealer in compliance with procedures specified in UTM Drawing No. _____.
- 7) The undersigned promises to indemnify and hold harmless Utility Trailer Manufacturing Company for any wrongful use of the label.

(Date)

(Signature of authorized individual)

(Name of authorized individual) (Please print)

(Name of authorized dealer)

For Field Service use only
Decal No. _____
WN No. _____