R-M-B AUTOMOTIVE DIAGNOSTICS

& ELECTRICAL REPAIR LLC

SPECIAL FUNCTIONS & APPROVED PROCEDURES WORK ORDER

Supplement to Pre-Sale / Lot-Ready Vehicle Inspection

WO #: _____ Date: _____ Related Inspection #: _____

Customer / Dealer: _____ Phone: _____

Year / Make / Model: _____ VIN: _____

Mileage: _____ Technician: _____ License Plate: _____

AUTHORIZED SPECIAL FUNCTIONS - Check ONLY procedures approved by customer

- ☐ Throttle body adaptation / idle relearn
- ☐ Transmission adaptation / relearn drive
- ☐ Steering angle sensor calibration
- ☐ ABS / brake service bleed function
- ☐ Oil / service interval reset
- ☐ Injector coding / calibration
- ☐ Electronic module coding / configuration
- ☐ Transmission / gearbox adaptation reset
- ☐ Battery registration / battery coding
- ☐ Electronic parking brake service mode
- ☐ TPMS reset / sensor relearn
- ☐ Throttle / accelerator pedal calibration
- ☐ Window / sunroof initialization
- ☐ Other special function (specify below)

Other / exact procedure: _____

WORK SCOPE, PRICING & AUTHORIZATION

Requested concern / reason: _____

_____

Estimated labor: $_____ Diagnostic charge: $_____ Other: $_____

Estimated total (before tax, if applicable): $_____ Maximum authorized: $_____

- ☐ Approve checked procedures up to maximum authorized amount
- ☐ Contact customer for revised estimate / approval before additional work

Authorization applies only to selected work. Additional repairs or parts require separate approval.

Adaptations / programming may require road testing; completion does not guarantee fault resolution.

Customer / Authorized Dealer Signature: _____ **Date / Time:** _____

TECHNICIAN RECORD - Complete after service

- ☐ Completed
- ☐ Partially completed
- ☐ Not completed
- ☐ Further diagnosis needed

Results / fault codes / next steps: _____

_____

Technician Signature: _____ Completion Date / Time: _____