**ADAS Calibration Authorization & Acknowledgment**

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Authorization for Required ADAS Calibration Services

I, the undersigned, hereby authorize Lightning Auto Service to perform the required Advanced Driver Assistance Systems (ADAS) calibration services on my vehicle following collision repairs.

I understand that due to the safety-critical nature of these systems, the calibration procedures must be performed in accordance with the Original Equipment Manufacturer (OEM) specifications and requirements to restore the vehicle to its pre-accident condition.

## Important Notice Regarding OEM Procedures and New Jersey Law

As per New Jersey Administrative Code (N.J.A.C.) 11:3-10.3 and 11:2-17.10(a), insurance companies are prohibited from:
- Negotiating, modifying, or arbitrarily reducing repair charges when those repairs are required to restore a vehicle to its pre-loss condition in accordance with OEM guidelines.
- Denying or underpaying claims for repairs necessary to return a vehicle to safe operating condition.

In accordance with these regulations, ADAS calibrations must be performed any time a collision impacts systems such as:
- Lane departure warning
- Adaptive cruise control
- Blind spot monitoring
- Forward collision warning
- 360-degree or rear camera systems
- Any other OEM safety sensor or camera

## Acknowledgment of Insurance Communication

While we will submit the necessary documentation to your insurance carrier for reimbursement, please be advised that if your insurance carrier delays, disputes, or attempts to negotiate the charges associated with these mandatory OEM calibrations, we may request your assistance in escalating the communication directly with your claims representative or supervisor.

This ensures your vehicle is returned to you safely and in full compliance with all legal and manufacturer standards.

## Customer Authorization

By signing below, I acknowledge that I have read and understand the necessity of these OEM-required ADAS calibrations, and authorize Lightning Auto Service to perform these services.

I also understand my right to safe, OEM-compliant repairs under New Jersey law and agree to cooperate in communication with my insurance carrier if needed.

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_