

1989 - 1990 Corvette: Service Bulletin: Improved Access to Inboard Seat Belt Buckle / New Extender

Subject: IMPROVED ACCESS TO INBOARD SEAT BELT BUCKLE/NEW EXTENDER

Model and Year: 1989-90 CORVETTE WITH AQ9 SEATS

Source: Chevrolet Service Bulletin

Bulletin Number: 90-291-10 - (06/22/1990)

CONDITION:

To increase customer satisfaction a seat belt buckle extender has been released for service only, for use with AQ9 seats only.

CAUSE:

With seats in full forward and up position buckle may not be of optimum length.

CORRECTION:

If the customer should comment about this condition, a new seat belt extender, P/N 10175791 (Black only) is available from GMSPO at no charge to the customer.

NOTE: WHEN ORDERING THIS PART, IT IS MANDATORY THAT THE CUSTOMERS NAME AND THE VEHICLE IDENTIFICATION NUMBER BE INCLUDED WITH THE ORDERING INFORMATION. THE ORDERING FORM FOR THIS PURPOSE IS ATTACHED TO THIS BULLETIN. PLEASE COPY LOCALLY.

QUESTIONNAIRE
EXTENDED LENGTH SEAT BELT
Passenger Cars, Light and Medium Truck Application

1. In order to respond to your request for a seat belt extension, specific information must be supplied regarding the individual and vehicle involved.

DEALERSHIP

APPLICANT'S

CODE _____
NAME _____
ADDRESS _____
ATTENTION: _____

NAME _____
ADDRESS _____

2. Vehicle Information of car or truck

VEHICLE IDENTIFICATION NUMBER (VIN) _____
YEAR _____ BODY TYPE _____

3. After carefully reading the Bulletin and instructions on the Belt Identification Chart, fill in the Belt Latch Type Below:

LATCH TYPE _____

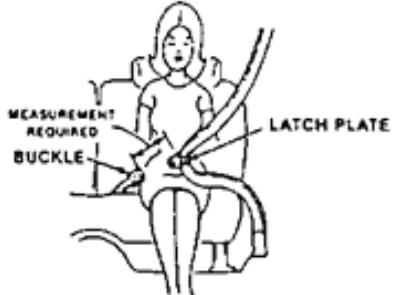
4. Measurement Procedure for Front or Rear Seat (In inches)

PLACE THE OCCUPANT IN THE SEATING POSITION USED WHEN DRIVING OR RIDING IN THE CAR OR TRUCK

FRONT SEAT REAR SEAT (Circle One)

MEASURE FROM THE LEADING EDGE OF THE LATCH PLATE WITH THE BELT FULLY EXTENDED TO THE FRONT EDGE OF THE BUCKLE (FIGURE 1) AND NOTE DIMENSION BELOW:

MEASUREMENT _____



-----ATTENTION APPLICANT-----
CAUTION: TO HELP LESSEN THE CHANCE AND/OR SEVERITY OF INJURY IN AN ACCIDENT,
THE SEAT BELT EXTENSION MUST NOT BE USED BY ANYONE BUT THE PERSON FOR
WHOM IT WAS MADE, OR IN ANY VEHICLE OTHER THAN THE VEHICLE FOR WHICH
IT WAS MADE.

APPLICANT'S SIGNATURE _____

DATE _____

SUBMIT COMPLETED APPLICATION TO:

SERVICE PARTS OPERATIONS OF GENERAL MOTORS
SEAT BELT EXTENDERS,
SERVICE PARTS ASSISTANT CENTER
P.O. BOX 1525
FLINT, MICHIGAN 48501

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