



PREVOST

SAFETY RECALL


SR25-13A

DATE:	June 2025	SECTION: 16 SUSPENSION
SUBJECT:	RETORQUE IFS LOWER CONTROL ARM BOLTS	

Revision: A Lifting instruction updated

06-13-2025

APPLICATION

NOTICE TO SERVICE CENTERS	
<i>Verify vehicle eligibility by checking warranty bulletin status with SAP or via ONLINE WARRANTY SYSTEM available on Service / Warranty tab of Prevost website.</i>	
Model	VIN
X3-45 VIP commercial use Model Year: 2025	 2P9CS3493SC110608
This Safety Recall does not necessarily apply to all the above-mentioned vehicles. Some vehicles may also have been modified before delivery. The owners of the vehicles affected by this recall will be advised by a letter indicating the Vehicle Identification Number (VIN) of each vehicle concerned.	

DESCRIPTION

On vehicles affected by this recall, the bolts securing the front lower control arms may not have been properly tightened, potentially resulting in the separation of the control arms.

SAFETY PRECAUTIONS

- Eye protection should always be worn when working in a shop.
- Rules for Personal Protection Equipment should always be respected. Wear your PPE including but not limited to the following:



Safety First!



PROCEDURE



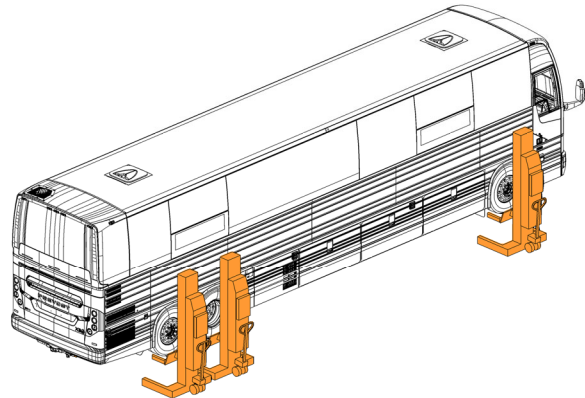
DANGER

Park vehicle safely, apply parking brake, stop the engine. Prior to working on the vehicle, set the ignition switch to the OFF position and trip the main circuit breakers equipped with a trip button. On Commuter type vehicles, set the battery master switch (master cut-out) to the OFF position.

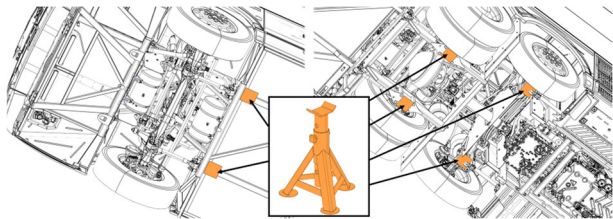
Lockout & Tag out (LOTO) must be performed during set-up, maintenance or repair activities. Refer to your local procedure for detailed information regarding the control of hazardous energy.

RETORQUE IFS LOWER CONTROL ARM BOLTS

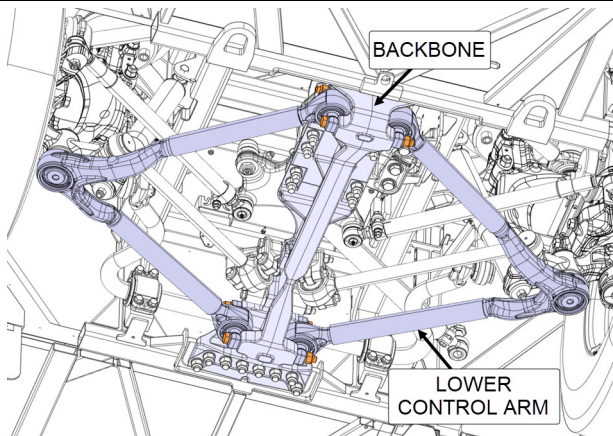
1. Insert the lifting equipment (always use six (6) lifting equipment; two (2) per axle with VIP).
2. When columns have been inserted under the wheels, we recommend releasing the parking brake to allow the wheels to turn freely during the lift, to avoid stressing the wheel seals on the drive axle.
3. Lift the vehicle.



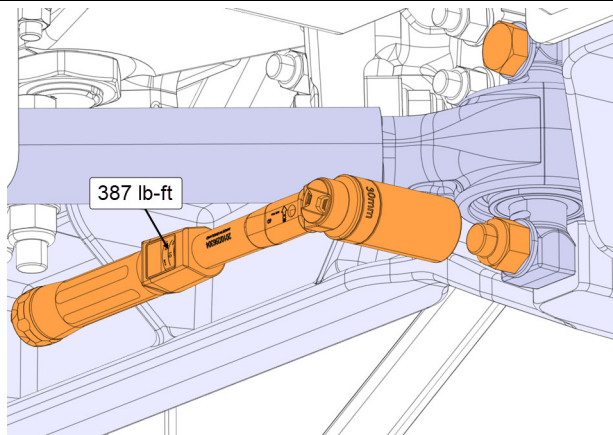
4. Secure the vehicle with six (6) jack stands.
Refer to maintenance information MI18-18 for the jack stand capacity and location on the vehicle.



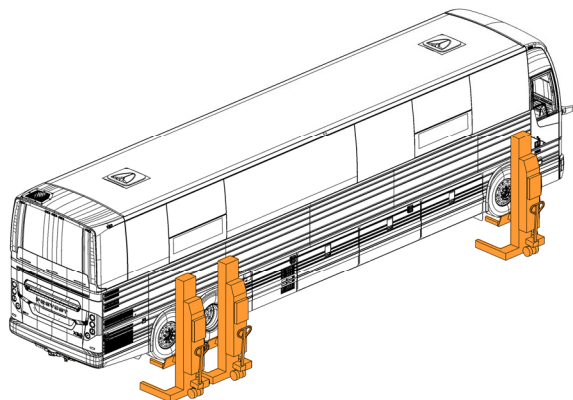
5. Locate the four bolts securing the lower control arms of the front suspension to the backbone.



6. Torque each bolt to **387 lb-ft**.
7. Apply red torque seal mark.



8. Remove the six (6) jack stands.
9. Lower the vehicle.
10. Apply parking brake.
11. Remove the lifting equipment.



PARTS DISPOSITION

Discard waste according to applicable environmental regulations (Municipal/State[Prov.]/ Federal)

WARRANTY

This modification is covered by Prevost's normal warranty. We will reimburse you 1.0 hour of labor upon receipt of a completed A.F.A. Please submit claim via our Online Warranty System, available at www.prevostcar.com (under service \ warranty section).

- Use Claim Type: "Bulletin/Recall" and select "Safety Recall SR25-13A ".

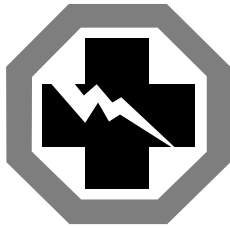
Should you only wish to close the safety recall (without reimbursement), fill-in the "Safety Recall Certification Sheet" provided with this bulletin and return it to our warranty department by Email at prevost.warranty@volvo.com or by fax at 418-831-9301.

OTHER

VBC Bulletin	N/A
Fail Code	16.07
Defect Code	09
Syst.Cond	R
Causal Part	24666089

Access all our Service Bulletins on <http://techpub.prevostcar.com/en/> or scan the QR-Code with your smart phone.
E-mail us at prevost.techpub@volvo.com and type "ADD" in the subject to receive our warranty bulletins by e-mail.



**PREVOST**

Safety Recall Certification Sheet (Ref: SR25-13A)

VEHICLE SERIAL NUMBER:

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PERFORMED BY		OWNER/OPERATOR	
We hereby certify that Safety Recall Instructions regarding Safety Recall SR25-13A have been performed.			
Name: _____		Name: _____	
Addr: _____		Addr: _____	
Phone: _____		Phone: _____	
Fax: _____		Fax: _____	
Signature: _____	_____	Signature: _____	_____
Date: _____	_____	Date: _____	_____

If the information mentioned above is incorrect or you are not the owner of this vehicle anymore, please fill this section and return to sender.

NEW OWNER:**BUSINESS:****ADDRESS (including County):****TELEPHONE:** _____**FAX:** _____

Please return this completed document with your A.F.A. form