

<h1 style="margin: 0;">WARRANTY CLAIM FORM</h1>	WARRANTY CLAIM NO.
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ENGINE MODEL	ENGINE S/N	REPLACEMENT ENGINE S/N	CAUSAL PART NO.
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REPLACEMENT PART CLAIM <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE REPLACEMENT PART INSTALLED	# HOURS ON REPLACEMENT PART
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<input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> OEM <input type="checkbox"/> SUB DEALER <input type="checkbox"/> SERVICE DEALER	CUSTOMER NUMBER	DEALER/SUB NO.
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COMPANY NAME	STREET ADDRESS	CITY, STATE, ZIP CODE
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OWNER	STREET ADDRESS	CITY, STATE, ZIP CODE
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ENGINE (name plate) RATING	TYPE OF MACHINE, MANUFACTURER & MODEL	CLAIMANT NO.
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START-UP DATE	FAILURE DATE	REPAIR DATE	HOURS/MILEAGE
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COMPLAINT & CAUSE	REPAIR	LABOR HRS.
		TRAVEL HRS.
		HR. RATE

PART DESCRIPTION	PART NO.	QTY	UNIT PRICE	TOTAL COST

MILES _____ @ \$ _____	TOTAL EXPENSES			
	LABOR \$ _____	PARTS \$ _____	MILEAGE \$ _____	OTHER \$ _____

APPLICATION CODE	ASSEMBLY CODE	SUB ASSEMBLY CODE	FAILURE CODE	DATE
				SIGNATURE