WARRANTY RETURN CLAIM FORM

REQUIRED INFORMATION AND DOCUMENTATION

DEALER/INSTALLER INFORMATION						
DEALER (Name):					Telephone:	
Address:						
City:					State:2	ZIP:
and / or						
INSTALLER (Name):						
Address:						
City:					State:z	ZIP:
CUSTOMER INFORMATION						
CUSTOMER (Name):						
Date: Telephone:						
VEHICLE INFORMATION						
Year: Ma	ke:	M	lodel:		Current Mile	eage:
Emissions Certification: 49-State California Engine Size: VIN: VIN:						
THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR ALL CLAIMS:						
 Original WARRANTY CERTIFICATE / INSTALLATION STATEMENT Copy of INVOICE showing replacements under warranty 						
In addition, if the Claim relates to EMISSIONS PERFORMANCE , the following must be provided:						
☐ Copy of <i>failed</i> EMISSIONS INSPECTION TEST						
 Copy of work order or invoice documenting vehicle's operating condition and any related repairs or adjustments. 						
If the Claim relates to OBDII CATALYST INEFFICIENCY, the following must also be provided:						
☐ Verification Documentation of all Diagnostic Codes by a qualified technician.						
REPLACEMENT PART INFORMATION						
Original Part Number	Replacement Part Number	Defect Code	Mile Installed	eage Replaced	Replacement Date	
rait Number	rait Number	Code	Ilistanea	Періасец	Date	DEFECT CODES
						E = Emission Test Failure
						F = Fit
						B = BrokenM = MIL (check engine light)
						O = Other (specify below)
Please specify the nature of the defect below:						

