



## WARRANTY CLAIM FORM

DATE: \_\_\_\_\_ RMA# \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER:(\_\_\_\_) \_\_\_\_\_ FAX NUMBER:(\_\_\_\_) \_\_\_\_\_

COMPONENT NAME: \_\_\_\_\_

PART NUMBER: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

TYPE AIRCRAFT: \_\_\_\_\_ N#: \_\_\_\_\_ S/N: \_\_\_\_\_

AIR CONDITIONING INSTALLATION DATE: \_\_\_\_\_

AIR CONDITIONING INSTALLATION COMPANY: \_\_\_\_\_

DATE INSTALLED: \_\_\_\_\_ T.T AT INSTALLATION: \_\_\_\_\_

DATE REMOVED: \_\_\_\_\_ T.T AT REMOVAL: \_\_\_\_\_

REASON FOR RETURNING COMPONENT: \_\_\_\_\_

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### For Company use only

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

Warranty Accepted: \_\_\_ YES \_\_\_ NO

Disposition of component: \_\_\_\_\_

Comments: \_\_\_\_\_

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