## **WARRANTY RETURN CLAIM FORM**

## REQUIRED INFORMATION AND DOCUMENTATION

DEALER (Name):		Di	EALER/IN	STALLE	RINFORM	IATION	
City:	DEALER (Name):					Telephone:	
and / or  INSTALLER (Name):	Address:						
INSTALLER (Name):	City:					State:	ZIP:
Address:  City: State: ZIP:   CUSTOMER (Name):  Date: Telephone:   VEHICLE INFORMATION  Year: Make: Model: Current Mileage:  Emissions Certification: 49-State California Engine Size: 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 failed 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 OBDIL CATALYST INEFFICIENCY, the following must also be provided:  Verification Documentation of all Diagnostic Codes by a qualified technician.  REPLACEMENT PART INFORMATION  Original Part Number Part Number Code Installed Replaced Date  DEFECT CODES  E = Emission Test Failure F = Fit B = Broken M = MIL (check engine light)	and / or						
CUSTOMER (Name):  Date: Telephone:  VEHICLE INFORMATION  Year: Make: Model: Current Mileage: UNIN:  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 failed 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 Defect Installed Replaced Date  DEFECT CODES  E = Emission Test Pailure F = Fit B = Broken M = MIL (check engine light)	INSTALLER (Nam	e):				Telephone:	
CUSTOMER (Name):							
CUSTOMER (Name):  Date:	City:					State:	ZIP:
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