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WARRANTY RETURN FORM

CUSTOMER NAME: _____

INVOICE NUMBER: _____ RMA NUMBER: _____

PART NUMBER: _____ S/N: _____

Description of failure: _____

Part total time since overhaul/repair, Hours: _____ Cycles: _____

Aircraft Registration Number: _____ S/N: _____

Aircraft Type: _____

Printed Name: _____ Date: _____

Signature: _____

Phone #: _____ E-mail: _____

No Warranty Evaluation will be processed until ALL required information above is completed.