



## Warranty Claim

CLAIM TYPE: \_\_\_\_\_ CUSTOMER: \_\_\_\_\_  
(NAME OR NUMBER)

CUSTOMER CLAIM NUMBER: \_\_\_\_\_

SHOP NUMBER: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_ DATE OCCURRED: \_\_\_\_\_

HOURLY LABOR RATE: \_\_\_\_\_ ATA CODE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

AIRCRAFT SERIAL NUMBER: \_\_\_\_\_

AIRCRAFT HOURS: \_\_\_\_\_

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

PART HOURS: \_\_\_\_\_ REMOVED QTY: \_\_\_\_\_

SPARE INSTALL DATE: if parts hours less than aircraft hours, date removed  
part was installed \_\_\_\_\_

PART CYCLES: \_\_\_\_\_ PART LANDINGS: \_\_\_\_\_

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

INSTALLED QTY: \_\_\_\_\_ PURCHASE ORDER NUMBER: \_\_\_\_\_

\_\_\_\_\_ CREDIT ACCOUNT OR \_\_\_\_\_ SEND REPLACEMENT PART

PERSON REPORTING: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MISC.: \_\_\_\_\_ LABOR HOURS: \_\_\_\_\_  
(ITEMIZE IN NARRATIVE)

SERVICE BULLETIN: \_\_\_\_\_

SQUAWK: \_\_\_\_\_

FIX: \_\_\_\_\_

OPS CHECK: \_\_\_\_\_