

Request for Over-the-Counter Part Warranty

Customer Name: _____ VIN: _____ Date: _____

Original Part

- o Attach Original Parts Invoice: Invoice # _____ Date _____
- o Attach Original Repair Order from Installation: RO # _____ Date _____ Mileage _____
- o Defective Part Returned

Warranty Part

- o Attach Warranty Parts Invoice: Invoice # _____ Warranty Date _____ Warranty Mileage _____
 - o Attach Warranty Repair Order from re-installation: RO # _____ Re-Installation Date _____
- Concern with vehicle _____
- _____

What is the diagnosis that identified the part as the cause of the concern?

Labor Reimbursement (when requested by Fleet or Installer account):

- o Attach Copy of Labor Diagnostic Steps from Repair Order
 - o Attach Copy of Labor Time Documentation from Fleet or Installer to indicate time required and hourly cost of labor. Use section below to explain labor request. (Note: Labor Cost is limited to \$150/repair):
- _____
- _____

Cost of Labor/Hour _____ Hours Requested per Published Manual _____ Total Labor \$ _____

Credit Memo Issued

- o Attach Copy of Credit Memo: Invoice # _____ Amount \$ _____ Date _____

Approval to process Service Part Warranty Claim

Employee Who Warranted & Inspected Part: _____ Employee ID: _____

Manager Signature: _____ Date: _____