



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: _____