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 www.delstar-hd.com



CLAIM No.

WARRANTY CLAIM FORM

DATE OF CLAIM	YYYY - MM - DD
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AGENT / DISTRIBUTOR NAME & ADDRESS:			APPLICATION		
			AGRICULTURAL / INDUSTRIAL <input type="checkbox"/>	CONSTRUCTION <input type="checkbox"/>	EMERGENCY VEHICLE <input type="checkbox"/>
			MARINE <input type="checkbox"/>	MEDIUM & HD TRUCK <input type="checkbox"/>	MINING <input type="checkbox"/>
CONTACT NAME:		PHONE NUMBER:			
VEHICLE			SCHOOL BUS <input type="checkbox"/>	SHUTTLE BUS <input type="checkbox"/>	TRANSIT BUS <input type="checkbox"/>
MAKE:	MODEL:	ENGINE:			
YEAR:	VIN No.:		MOTOR COACH <input type="checkbox"/>	OTHER <input type="checkbox"/>	SPECIFY OTHER APPLICATION →
PART NUMBER:		SERIALIZED DATE CODE:	DATE IN SERVICE: YYYY-MM-DD	MILEAGE / HOURS / KILOMETERS:	
DATE INSTALLED: YYYY-MM-DD	INVOICE No.:	DELSTAR SERVICE No.:	DATE OF FAILURE: YYYY-MM-DD	MILEAGE / HOURS / KILOMETERS:	
REASON FOR REMOVAL:					
CAUSE OF FAILURE:					
REMEDY (Work Performed):					
DOCUMENTS CHECK LIST (attach copies of these documents)					
<input type="checkbox"/> Original Installation Invoice / WO <input type="checkbox"/> Replacement Invoice / WO <input type="checkbox"/> Return Materials Authorization RMA					

PLEASE CONTACT DIXIE ELECTRIC CUSTOMER SERVICE FOR RMA SHIPPING INSTRUCTIONS

INTERNAL USE ONLY			
<input type="checkbox"/> ON HOLD, CONTACT CUSTOMER COMMENTS:	CLAIM APPROVED: <input type="checkbox"/>	CLAIM DENIED: <input type="checkbox"/>	
	TECHNICIAN NAME:		
	INSPECTION CODE:		DATE: YYYY-MM-DD

DWCF - 170120

Should you have any questions about warranty procedures please call, fax or email our office