



WARRANTY CLAIM FORM

WARRANTY CLAIM FORM MUST BE COMPLETED AND RETURNED WITH PART FOR WARRANTY CONSIDERATION.

CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

Date of Return _____ Work Order # _____

P/N _____ S/N _____

Tail # _____ Engine Model _____

Aircraft Model _____

Date of Occurrence _____

Date of Installation _____ Aircraft Hours _____

Date of Removal _____ Aircraft Hours _____

REASON FOR REMOVAL _____

PLEASE RETURN ALL ORIGINAL PAPER WORK WITH UNIT.

RETURN UNIT TO:

AIRCRAFT ACCESSORIES OF OK, INC.
2740 NORTH SHERIDAN ROAD
TULSA, OK 74115