



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.

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

RETURN UNIT TO:

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

(OVER)