



517 Basaltic Road  
 Concord, Ontario L4K 4W8 - Canada  
 Tel.: (905) 879-0533 - Fax: (905) 879-0532  
 www.delstar-hd.com



## WARRANTY CLAIM FORM

CLAIM No.

DATE OF CLAIM	YYYY - MM - DD
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AGENT / DISTRIBUTOR NAME & ADDRESS:	APPLICATION		
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			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"/>
<b>CONTACT NAME:</b>			<b>PHONE NUMBER:</b>		
<b>VEHICLE</b>			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:
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DATE INSTALLED: YYYY-MM-DD	INVOICE No.:	DELSTAR SERVICE No.:	DATE OF FAILURE: YYYY-MM-DD	MILEAGE / HOURS / KILOMETERS:
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**REASON FOR REMOVAL:**

**CAUSE OF FAILURE:**

**REMEDY (Work Performed):**

**DOCUMENTS CHECK LIST (attach copies of these documents)**

- Original Installation Invoice / WO
- Replacement Invoice / WO
- 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

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

Rev.:

Date: 170120

Form No.: 9030-1017