

Please fill in all applicable information for correct warranty administration processing. Missing information could result in delayed processing or the part being returned.

Note: If parts have been tested or installed, part is filed as a Warranty Claim. Evaluation Fees may apply. BDI is not liable for the Vendor's disposition.

Date of Occurrence: _____

BDI Customer Acct #: _____

Item Hours: _____

Engine Model: _____

Engine Condition: *(Please check one)*

NEW

REBUILT BY 3RD PARTY

REBUILT BY MFG

OVERHAUL BY MFG

OVERHAUL BY BY 3RD PARTY

Engine Serial #: _____

Engine HRS Total: _____

Engine IN SVC Date: _____

HRS Since OH: _____

Aircraft Model : _____

Aircraft N' Number: _____

Aircraft SN#: _____

Labor HRs Used*: _____

Shop Labor Rate*: _____

Total Labor Req'd
(For entire claim)*: _____

Original
Invoice #: _____

Shipping /Claim
Charges: _____

***If labor is claimed, a copy of the repair agency's invoice/work order must be attached.**

Approval Rec'd to Perform Work? Yes No

By Whom? _____

How? _____

Is this a paperwork only
claim? Yes No

Additional Paperwork Attached Yes No

For Lycoming parts only-Please attach engine log & purchase invoice if not purchased at BDI.

<i>Customer's Name</i>		<i>Owner's Name</i>		<i>Repair Agency's Name</i>	
<i>Address</i>		<i>Address</i>		<i>Address</i>	
<i>Phone</i>		<i>Phone</i>		<i>Phone</i>	
<i>Fax</i>		<i>Fax</i>		<i>Fax</i>	
<i>Email Contact</i>		<i>Email Contact</i>		<i>Email Contact</i>	

ORIGINAL PARTS INFORMATION		REPLACEMENT PARTS INFORMATION						
<i>Only Parts listed below will be processed</i>								
ORIG. PART NO.	S/N	REPLACEMENT PART/NOMENCLATURE	QTY	ORIG PART?	DATE IN SVC.	HRS USED	REPL. P.O. NO.	REPL. INVOICE

Please explain reason for Return in comment box below (*add additional pages if required*):

***If part failed Bench Test please provide report**

Date Installed: _____

Date Removed: _____