APPLICATION FOR RMA

Distributor to complete - Type or print legibly in ball point pen Date: _____ RMA NO. _____

Distributor: _____ Distributor Claim No: _____

Address: _____ City, State: _____

Owner: _____ Location: _____

PARTS: ☐ Returned for inspection ☐ Available for inspection ☐ Other (specify) _____

Type of Claim: ☐ Std. Warranty ☐ Start Up ☐ Field Test ☐ Parts Warranty ☐ Campaign ☐ Other
☐ Repeat Failure times

ENGINE DATA			
Engine Model:	Serial No:	Application:	Duty Cycle:
Type of Fuel:	G. Spec:	Fabricated by:	Loaded RPM:
Factory Ship Date:	Start Up Date	Failure Date:	Repair Date:
L.O. & Filter Ch. Interval:	Oil Pressure:	Brand/Type Lube Oil:	Environment:
MFLD PRES/VAC RB	J.W. TEMP	Hours on Failed Parts:	Total Hours on Engine:

Claim Detail

Total of Parts Claimed: $

Hours @ per hour $

Miles @ per mile $

TOTAL CLAIMED $

If RMA is for parts, enter your P.O. Number and Arrow's invoice work order numbers.

Parts Claimed

Qty	Part No.	Description

Customer Complaint

Condition of Failed Parts *

Analysis of Failure

Repairs Performed

Labor Breakdown

Additional Details

* Word "Defective" or "Failed " not sufficient

NOTE: Invoice and other attachments must be stapled to this form.

PRINT NAME OF TECHNICIAN

SIGNATURE OF TECHNICIAN

RMA Prepared by

PRINT OR TYPE NAME

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