

Revision	Change	Approved	Date
0	Initial release	mje	



# QF-WCR00 WARRANTY CLAIM REQUEST

Please note: all following fields must be completed before your warranty claim can be processed.

## Contact Details

Name	
Address	
Phone/Fax #	
Email	

## Warranty Claim Information

Airmaster Hub Number	
Date Purchased	
Purchased From	
Number of hours in service at time of fault	
Date and number of hours at last service	
Maintenance person contact details	Phone:
	Email:
Please include a complete description of the nature of the fault noted, including identified faulty parts (if any).	

Signature of Owner/Signatory: \_\_\_\_\_

## Approval (Airmaster Propellers Ltd use only)

Date approved	
Amount	
Parts	
Notes	
Signature	