

WARRANTY CLAIM

Date: _____

RMA# _____

Company:		
Name & Title of Person Filing Claim:		
Aircraft Model	Aircraft Tail#	Aircraft S/N#
Aircraft Hours:	Aircraft Cycles:	(At time of part installation)
Aircraft Hours:	Aircraft Cycles:	(At time of part failure)
Installed date:	Failed date:	
Sales Order or Invoice Number:		
Failed Part Number:		Serial Number:
FAILURE DETECTED DURING:		
<input type="checkbox"/> In-flight <input type="checkbox"/> Inspection <input type="checkbox"/> Maintenance Event <input type="checkbox"/> On Ground <input type="checkbox"/> Installation <input type="checkbox"/> Test <input type="checkbox"/> Taxi		
<input type="checkbox"/> Other (describe) _____ _____		
Is the failure intermittent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Observed conditions causing the failure <input type="checkbox"/> Environment <input type="checkbox"/> Vibration <input type="checkbox"/> Operation Mode <input type="checkbox"/> Other (Please explain) _____ _____		
Is unit digital <input type="checkbox"/> Yes <input type="checkbox"/> No Was diagnostic testing performed? <input type="checkbox"/> Yes <input type="checkbox"/> No Any failure codes <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide failure codes _____ _____		
Was part damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No (Damage description) <input type="checkbox"/> Leak <input type="checkbox"/> Loose connections/stripped thread <input type="checkbox"/> Exterior Visible Damage <input type="checkbox"/> Bent Pins <input type="checkbox"/> Heat discoloration <input type="checkbox"/> Other (please explain) _____ _____		
Did you take a photo of part? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide.		
<i>NOTE: If there is a 2nd unit on the aircraft, did problem follow the part? The part is likely at fault. If not, the problem is likely with the aircraft.</i>		

Please email any pictures or videos that capture this failure to support@proaviation.com with the Part Number & Serial Number in subject. Please provide any other information you feel is relevant to the failure mode:

***This form must be returned COMPLETED along with the part to prevent delays in processing of any credits associated with your warranty/return to address above.**