HONDA WARRANTY CLAIM FORM

Date:_____ Dealer Name:_____ Phone #:_____

Owner:_____

Address:_____ City:_____ State:_____ Zip:_____

*** * ALL CHARACTERS IN THE MODEL # MUST BE INCLUDED IN ORDER FOR THE CLAIM TO BE PROCESSED * ***

Engine Model #:_____ Engine Type #:_____ Engine Serial #:_____

Manufacturer Model #:_____ Equipment Serial #:_____

Date of Retail Purchase:_____

Hours:_____ Under Warranty: Yes No AIE Assigned Dealer Claim #:_____

Initial Tests & Observations:_____

Repairs Required:_____

Repairs Made:_____

Shop Supplies Used:_____

Quarts of Oil used:_____

Dealer Labor Rate:_____

Please List Primary Part First

Qty	Part Number	Description	Cost

Labor Operations #:_____ Hours:_____ Labor Rate:_____

Total Hours:_____

Total Parts:_____

Dealer Technician (Please Print):_____ Total Claim:_____

****** Fax to our Warranty Department at 402-558-8249 ******