



Service Difficulty Report

Revision: A Issued: 5/30/18 QA Approval on File

Customer / Repair Agency

Name: _____
 Address: _____

 Contact: _____
 Phone: () _____
 Fax: () _____

Please complete form & return with the parts. For faster service, please fax and/or E-mail prior to shipment.

Part Information

Part Number: _____ Serial Number: _____
 Description: _____ Engine Model: _____
 Lot Number: _____ Item TSN: _____

Reason for Rejection and/or Service Difficulty:

Additional Comments and/or Recommendations

