

FLEET SUPPORT SERVICES, Inc.

Certified Repair Station # NE5D064N
W4711 Highway 59 Monroe, WI 53566
(608) 329-6661 Phone 329-6665 Fax



Warranty Investigation Request Form (Overhauled Fuel Pump)

Operator Name: _____ Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Part Number: _____ Serial Number: _____

Date of Installation: _____ Date of Removal: _____

Total TIME since installation: _____

Total CYCLES since installation (If known): _____

Replacement Serial Number Installed (If known): _____

Aircraft Registration: _____ Make & Model: _____

Battery Type (circle one): NICAD / Lead Acid Aircraft System Voltage Setting: _____

Reason for Removal and/or Trouble Shooting Performed:

Please send back FUEL PUMP (freight pre-paid) along with logbook copies showing the installation date and removal date of the FUEL PUMP to the address listed below:

Fleet Support Services
Attention: Warranty Department
W4711 Highway 59
Monroe, WI 53566

Note: Original 8130-3 tag must also be included along with this completed Warranty Investigation Request form.

For FSS only:

Distributor: _____ PO #: _____ Contact: _____

FLEET SUPPORT SERVICES, Inc.

AIRLINE SUPPORT SERVICES

