



WARRANTY CLAIM FORM

INSTALL DATE/MILES	FAILURE DATE/MILES	DATE OF CLAIM	CLAIM NUMBER
DISTRIBUTOR BLUE RIDGE DIESEL INJECTION, INC.		DEALER	
1016 DELAWARE STREET			
SALEM, VIRGINIA 24153			
CONTACT NAME Will Nunnally	PHONE NUMBER 540-389-7296	CONTACT NAME	PHONE NUMBER
VEHICLE YEAR	MAKE	MODEL	
CUSTOMER COMPLAINT / COMMENTS			
PARTS	QTY	ALLIANT INJECTOR PART NUMBER	
R&R LABOR	VALVE COVERS REMOVED (1 OR 2)	LABOR ALLOWANCE (PER VALVE COVER)	
		x 1.9 =	A.
	NUMBER INJECTORS REMOVED	LABOR ALLOWANCE (PER INJECTOR)	
		x .3 =	B.
TOTAL LABOR (A + B) =			

AUTHORIZED DEALER SIGNATURE- _____