

**CUSTOMER SERVICE REQUEST OR
RETURN MATERIALS AUTHORIZATION FORM**

Please complete and return this form to the e-mail address below.
customerservice@tempestaero.com

A Customer Service Representative will contact you with specific shipping instructions.

Requested By:		Date:
Company / Distributor:		Branch (if applicable):
Contact Information (Phone, Fax, E-mail):		
Your Customer's Name (if applicable):		Customer's Contact Information (Phone / Fax / Email):
Tempest Aero Group Brand: Tempest® <input type="checkbox"/> Marvel-Schebler® <input type="checkbox"/> Precision Airmotive® <input type="checkbox"/> Alcor® <input type="checkbox"/> Consolidated Fuel™ <input type="checkbox"/>		
Part Number:	Serial / LOT Number:	IC Number:
Unit Originally Purchased From:	Purchase Date:	Warranty Consideration? Yes <input type="checkbox"/> No <input type="checkbox"/>
Time In Service (Circle One or Write In Hours) TSN / TSO / TSR / UNK Hours:		
AIRCRAFT MAKE / MODEL:	AIRCRAFT REGISTRATION: ("N" No.)	ENGINE APPLICATION:
If this is a Warranty request, has the customer received a replacement? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, PO# _____ SO and/or Invoice # _____ If applicable, has this unit been to a Warranty Repair Station? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, which one and when? _____	
Reason for Return:		
Was Non-Aviation Fuel Used in Unit? Yes <input type="checkbox"/> No <input type="checkbox"/>		
RETURN SHIPPING INFORMATION		
Ship To:		Attn:
Address, City, State & Zip Code:		
Telephone:	Fax:	E-mail:
<i>Shipping Instructions: (Please provide transport carrier and method)</i>		
VIA:	Acct #	Freight COD <input type="checkbox"/>