



W4711 S.R. 59  
Monroe, WI 53566  
fleet@rapco.net  
608-329-6661 ph, 608-329-6665 fax

## Warranty Investigation Request Form (Overhauled Fuel Pump)

Operator Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ 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 - Sealed LT 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, Inc.**  
**Attention: Warranty Department**  
W4711 S.R. 59  
Monroe, WI 53566

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

For FSS Use Only

Distributor \_\_\_\_\_ PO# \_\_\_\_\_ Contact: \_\_\_\_\_