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WARRANTY CONSIDERATION QUESTIONNAIRE FORM

CLAIM#: _____ RGA#: _____

QUESTIONNAIRE

Customer Name: _____ Dealer: _____

Machine Serial No: _____ Machine Sale Date: _____

Gearbox/Motor Serial No: _____ Part No: _____

Date Gearbox/Motor Put In Use: _____ Hours In Use: _____ Failure Date: _____

Provide Invoice No. purchased or specify if unit was original equipment: _____

Description of Complaint: _____

Gearbox/Motor disassembled? If so, provide report: _____

Regular maintenance/inspections preformed: _____

Oil leaking: _____

Oil black/Current oil level: _____

Noise? Grinding, squeal, clack: _____

Heat: _____

Load empty/load full: _____

Shifting problems: _____

Shafts spin freely/seized: _____

Additional Comments: _____

Signed: _____ Print: _____ Date Signed: _____