

Please return this warranty claim form to REDLINE EMISSIONS PRODUCTS at [warranty@rep.direct](mailto:warranty@rep.direct)

**Note: Separate form required for each warranty claim.**

Ship parts back to: REP Warranty, RA# (please show RA# on box)

17011 Clear Creek Rd. Redding, CA 96001

## WARRANTY CLAIM TYPE

CLAIM TYPE (check one):

NEW DPF     NEW DOC     OTHER

## DEALER INFORMATION

DEALER:

DEALER LOCATION:

## DEFECT CODES & INFORMATION

Please specify the nature of the defect below. Include clear, in focus, high resolution pictures of label, inlet, outlet and failed area of DPF/DOC. Attach additional sheet if necessary.

## END USER & VEHICLE INFORMATION

END USER NAME:

CUSTOMER CONTACT PERSON:

OEM #:

PHONE # + EXT:

VEHICLE  
YEAR:

ENGINE  
MODEL:

ENGINE  
HP:

EMAIL:

VIN #:

ENGINE  
SERIAL #:

MILEAGE INSTALLED:

MILEAGE REMOVED:

## PRODUCT INFORMATION

REP DPF/DOC PART # (such as XXXXX):

REP DPF/DOC SERIAL # (such as XXXXX):

DATE INSTALLED  
MM/DD/YY:

DATE REMOVED  
MM/DD/YY:

## THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR ALL DPF/DOC CLAIMS

- Copy of PURCHASE INVOICE: Invoice must reflect Part # & Date of Purchase
- Clear, in focus, high resolution pictures of label, entire inlet face, entire outlet face & failed/damaged DPF/DOC.
- Screenshot of Fault codes.
- DOC efficiency report and/or screenshot showing readings from test.

**NOTE: Do not return parts without a Return Authorization number (RA#), otherwise they will be refused and returned to sender.**