



Warranty Claim Form

NOTE: Fill in a separate form for each claim

Please return the Form to NELSON Global Products ("NGP") through email: aftermarket@nelsongp.com or by Fax: (608) 719-1781

Date Claim Submitted: (MM/DD/YY) / /		Date of Part Failure Diagnosis: (MM/DD/YY) / /	
Warranty Claim Detail		Distributor Information	
Claim Type (check one): <input type="checkbox"/> Failed DPF and Failed DOC <input type="checkbox"/> Failed DPF only <input type="checkbox"/> Failed DOC only		Name:	
		Location:	
Defect Codes and Information			
Please specify the nature of the defect below. Include clear, focused pictures of label, inlet, outlet and failed area of DPF / DOC.			
End User Information			
End User Name:		Customer Contact Person:	
End User Address:		Phone Number + Ext:	Fax Number:
City:	State/Province:	Country:	Zip/Postal Code:
		Email:	
Product Information			
NELSON DPF Serial Number:		NELSON DPF Part Number:	
NELSON DOC Serial Number:		NELSON DOC Part Number:	
Date Installed: (MM/DD/YY) / /		Date of Purchase: (MM/DD/YY) / /	
Vehicle Odometer at Installation: (miles)		Current Vehicle Odometer: (miles)	
THE FOLLOWING DOCUMENTS MUST BE PROVIDED FOR ALL CLAIMS			
<input type="checkbox"/> Original WARRANTY REGISTRATION FORM		<input type="checkbox"/> Vehicle Repair Order diagnosing the failed filter	
<input type="checkbox"/> Copy of PURCHASE INVOICE: Invoice must reflect Serial Number, Part Number and Date of Purchase		<input type="checkbox"/> CLEAR, IN FOCUS, HIGH RESOLUTION pictures of LABEL, ENTIRE INLET FACE, ENTIRE OUTLET FACE, and failed/damaged DPF/DOC	

NELSON Global Products, Inc. (NGP) company, reserves the right to change content without prior notice. Consult with NELSON Customer Service/Technical for any questions regarding the installation, operation, maintenance or warranty.



www.nelsongp.com
Phone: 1-877-647-2221
Email: aftermarket@nelsongp.com