



PATS WARRANTY CLAIM FORM

Date: _____
Month/Day/Year



PATS Aircraft LLC

To: Barbara Burns
Warranty & CSA Coordinator
DeCrane Aerospace
PATS Aircraft, LLC
21652 Nanticoke Avenue
Georgetown, DE 19947

Claim Number: _____

From: _____

Address: _____

Phone: 302-253-6134
Fax: 302-855-9196

E-mail: BarbaraBurns@decraneaerospace.com

Phone: _____

Fax: _____

Aircraft Registration and SN: _____

Describe Discrepancy and Work Performed in Detail: [Please provide all supporting documents with claim].

Discrepancy: _____

Work Accomplished: _____

Service Bulletin or Letter: _____ ATA: _____

Other Reference: _____

Identify Warranty Status of Aircraft of Spare Part

Aircraft YG/YD Number: _____ Part Number On: _____ S/N On: _____

Nomenclature: _____ Part Number Off: _____ S/N Off: _____

What was done with the "OFF" unit? _____

If Shipped: AWB: _____ Carrier: _____ P.O. _____

Ship To Address: _____

Hours on Aircraft/Cycles: _____ Hours/Cycles on Part Returned: _____

Removal Date: _____ Shipped Date: _____

Other Part Numbers [Vendor/Boeing Specification P/N's etc.] _____

Expense Breakout:

Labor: _____ Hours x Rate [\$] 68.00 _____ = Subtotal [\$] _____

Materials: _____ = Subtotal [\$] _____

Parts: _____ = Subtotal [\$] _____

Freight: _____ = Subtotal [\$] _____

Financial Charges must be in U.S.Dollars Total Charges: [\$] _____

ADDITIONAL COMMENTS: _____

CONTACT INFORMATION

YOUR NAME _____ PHONE # _____ FAX # _____

EMAIL ADDRESS _____ SIGNATURE _____ DATE _____