w		<b></b> F	30355 SE Hwy 212 Boring, OR 97009 (503) 905-0002 (800) 258-2473 Fax: (503) 905-0060 ty@westernbus.com	WI	BS	WAR	RANTY	_	
1	School District Name							Fleet #	ŧ
2	Mailing Address								
3	City, State, Zip						O a maio a Ta ak		
4	Contact Name Phone Number				9	VVBS	Service Tech Fax Number		
5	MFG Body Number				10		E-Mail		
6	Failure Date				11		MFG VIN		
7 8	Repair Date				12 13		Work Order #		
0					13		neter Reading		
					14	Cuon	notor rtodaling		
			pies of all purchase		s for a	II parts		1	
15	MFG Genuine P/N	WBS Invoice #	Dese	cription			Unit Price	Qty.	Total
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
	Please submit clai	m within 14	days of a repair. I	NOTE: I	Parts	must b	e retained ur	ntil claim is	s resolved.
	Claims not submitted within 30 days of repair can be rejected by manufacturer.								
						Тах	\$		
		Total Parts				\$			
16	Approved Labor Rate	\$	Labor Hour	s			*Total Labor \$		
17	•	or credited or	n manufacturer's SR	T)			Claim Total \$		\$
18	Complaint:								
	Cause:								
	Correction:								
19	***Attach Photos of Failure***								
	Date warranty parts returne	ed to WBS:				By:			-4
21	Signature:		Title	e:				D	ate:

Please submit completed form by email to warranty@westernbus.com or fax to (503) 905-0060.

Questions: Caryn Stenberg, Warranty Administrator, Direct (503) 905-0053



WBS	WARRANTY	CLAIM	FORM
	Instruct	ions	

	iding all required information will reduce the need to return a claim for additional information and will allow prompt processing of edit to your account.
	The claim form should be submitted within 14 days of repair completion.
1	School District, business or organization full name and applicant's Fleet# for bus
2	Mailing address: street number or PO Box
3	City, state and zip code
4	Contact Name
5	Contact phone number including area code
6	Body number of bus being repaired
7	Date failure was first noticed and documented. This is VERY IMPORTANT as all warranties have a defined start and stop date.
8	Actual documented repair completion date
9	WBS Field Service Tech
10	Fax number including area code
11	E-mail Address
12	Complete MFG. VIN (Vehicle Identification Number)
13	Applicant's work order #, repair order #, or internal tracking #
14	Odometer reading when complaint was first noticed and documented. This is VERY IMPORTANT as all warranties have a defined ending mileage limitation
15	Complete this area with correct MFG. Part numbers, invoice numbers, parts descriptions, unit pricing, quantity, and totals as indicated. Remember that GENUINE PARTS are required to be used in warranty repairs.
16	WBS approved labor rate, labor hours in hours and tenths and calculate labor total.
17	Total of all expense for this repair (add parts total, other parts total, and labor total to arrive at this amount)
18	Complaint: Information required to describe the initial complaint (e.g. 8-light system quit working) Cause: Sufficient detail to describe reason for failure (e.g. internal failure of switch) Correction: describe what you did to locate and repair the problem (e.g. check and verify failure. Check fuses-OK. Check switch and found power in but no power out. Replace switch - operation normal now.)
19	Attach photos evidencing failure.
20	Date that the warranty parts were returned to WBS and by whom.
21	Sign, title and date

30355 SE Hwy 212 Boring, OR 97009 (503) 905-0002

(800) 258-2473