



DAP ORDER # _____

DATE OF ORDER: _____

ALL CLAIM SECTIONS MUST BE COMPLETED. COPIES OF THE SALES/INSTALLATION AND WARRANTY REPAIR INVOICES MUST BE SUBMITTED WITH THE CLAIM.

DAP DEALER			INSTALLER		DATE OF CLAIM	
STREET ADDRESS			CONTACT		INSTALLATION MILES/KM	
CITY, STATE, ZIP			INSTALLATION DATE			
CONTACT			FAILURE DATE		FAILURE MILES/KM	
PHONE						
YOUR ORDER NO.			VIN No.		INSTALLATION INVOICE ATTACHED <input type="checkbox"/>	
VEHICLE YR.	MAKE	MODEL			WARRANTY REPAIR INVOICE ATTACHED <input type="checkbox"/>	
OPERATIONAL COMPLAINT					<div style="text-align: center; border: 1px solid black; padding: 2px;">***** FOR DAP USE ONLY *****</div> DAP NOTES:	
LIST ALL DIAGNOSTIC CODES						
DESCRIBE IN DETAIL THE DIAGNOSTIC STEPS PERFORMED ALONG WITH THE REPAIR ACTIONS THAT RESOLVED THE COMPLAINT.						
PART INFORMATION				<div style="text-align: center; border: 1px solid black; padding: 2px;">***** FOR DAP USE ONLY *****</div> DAP NOTES:		
QUANTITY	PART NUMBER	DESCRIPTION	SERIAL NUMBER			
ADDITIONAL SERIAL NUMBERS						
CYLINDER NUMBER(S) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>						
R&R LABOR REQUEST						
LABOR OPERATION						
***** DAP USE - APPROVED EXPENSES ***** DAP USE - APPROVED EXPENSES *****						
PARTS		LABOR \$	SO			CRA
INSPECTED BY		LABOR HOURS	DATE	APPROVED/REJECTED BY	DATE	