## Request for Over-the-Counter Part Warranty

Customer Name:	Today's Date:
VIN:	Mileage (recommended):
Original Part Checklist	
☐ Attach copy of Original Parts or Service In	nvoice:
Invoice #: Date of Purchase:	Mileage at purchase (recommended):
Confirm warranty coverage based on invo	pice date (varies by component)
Refer to Warranty & Policy Manual Section	on 3 – SPW for details of warranty coverage
☐ Receive Defective Part. Hold for OWS dis	position
☐ Powertrain Assistance Center Approval C	ode (for powertrain assemblies):
PAC Phone #: 800-392-7946	
☐ Description of Issue & Diagnostics Perform	med:
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Labor Reimbursement Calculation (when	requested by Fleet or Independent Repair Facility)
Ford Warranty & Policy allows for labor reim	bursement (removal and reinstallation only) by a Fleet
or Installer (up to \$150; limit does not apply f	for powertrain assemblies). Labor reimbursement is
calculated using the lower of the Fleet/Insta	llers labor or the Ford published SLTS labor.
☐ Fleet/Installer Labor Hours: x Fle	eet/Installer Labor Rate: = Total Labor:
Attach copy of labor time documentation	n from Fleet or Installer
☐ Ford SLTS Labor Hours: x Dealer	Warranty Labor Rate: = Total Labor:
Ford recommends retaining a copy of this do warranty claim submission.	cument in the Customer Service File to support
FORD PARTS Ford	Motorcraft