**Please complete the following and email to one of the following warranty queues:**

**blower.warranty.spr@md-kinney.com****,** **vacuum.warranty.spr@md-kinney.com****,** **mobile.warranty.spr@md-kinney.com**

 **Do not return material without a Warranty Return Authorization.**

|  |  |
| --- | --- |
| **Date:**  | **MDK Account #:**  |

|  |  |
| --- | --- |
| **Distributor / OEM:**  | **Phone:**  |
| **Address:**  |
| **City:**  | **Fax:**  |
| **State/Province:**  | **Zip/Postal code:**  | **email:**  |
| **Contact:**  |  |

**Equipment Owner:**

|  |
| --- |
| **Company name:**  |
| **Address:**  |
| **City:**  | **State/Province:**  | **Zip/postal code:**  |

**Equipment Information**

|  |  |
| --- | --- |
| **Description/Model:** | **Serial Number:**  |
| **Hours in Service:**  | **Start Up date:**  |
| **Application:**  |
| **Operating Pressure/Vacuum:**  | **Volts/Phase/Hz:**  |
| **Environment** (dust, ventilation, temperature, location, etc.)**:**  |

**Description of Problem**

|  |
| --- |
| **Date problem occurred:** **Photos taken of condition received: YES or NO** |
| **The original complaint of the customer:****Steps taken to troubleshoot complaint:****Any work completed on unit or has it been replaced:** |

**Replacement Purchased**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Part Number** | **Qty** | **Description** | **Invoice / Ser#** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

M35Wb 2.28.23