



ISO 9001 Certified

REPAIR ENTRANCE FORM

NOTE:

* Due to our Extensive Inspection process of your hydraulic component, if you chose not to proceed with the repair a minimum of \$155 evaluation fee will apply and the unit will be returned un-assembled. (Initial) _____

Date: _____ Make: _____

Customer Name _____ Model: _____

& Address: _____ Serial #: _____

Customer Contact: _____ Function: _____

Customer Phone: _____ REF#: _____

Email _____

Type of Repair Hyd. Elect. Pneu. Received By : _____

I.P. with Photos Type Fluid: _____ Repair Warranty Other

Airline Pick Up: Customer Drop Off: LTL Sales Drop Off Service Tech Drop Off

If Serv. Tech. Drop Off, Job # _____

Re-installation by AHC Service Technician Reminder: Notify Field Operations **URGENCY:**
HOT PRIORITY NORMAL

#1: _____ 1: _____

#2: _____

Special Repair Instructions:

Component Settings:

Working PSI, Relief Settings, Compensator, Operating Temperature, Location, Valve Settings, Precharge Pressure

Additional Notes:

Submit additional pages as needed

Customer Name/
Signature:

Date: