



## Fuel Injector Repair/Warranty Request Form

Name \_\_\_\_\_

Company \_\_\_\_\_

Return Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

May we text you with our diagnosis/pictures YES NO Cell Phone \_\_\_\_\_

Truck Year \_\_\_\_\_ VIN \_\_\_\_\_ Miles \_\_\_\_\_

Is the Item to be tested an Unlimited Diesel Performance Product? YES NO

If no, Please provide the original manufacturers name if available. \_\_\_\_\_

Injector Size (If Known) \_\_\_\_\_

**Complaint/Symptoms** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Miles Driven Since Injector Install** \_\_\_\_\_

**Check Engine Light Illuminated?** YES NO

If Yes, Please provide DTC's retrieved \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Injector Buzz Test Performed?** YES NO Results \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Cylinder Contribution Test Performed?** YES NO Results \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**What other diagnostic procedures have been performed?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Vehicle Modifications** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_