

# 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 Invoice:

Invoice #: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ Mileage at purchase (recommended): \_\_\_\_\_

Confirm warranty coverage based on invoice date (varies by component)

Refer to Warranty & Policy Manual Section 3 – SPW for details of warranty coverage

Receive Defective Part. Hold for OWS disposition

Powertrain Assistance Center Approval Code (for powertrain assemblies): \_\_\_\_\_

Description of Issue & Diagnostics Performed: \_\_\_\_\_

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## **Labor Reimbursement Calculation (when requested by Fleet or Independent Repair Facility)**

Ford Warranty & Policy allows for labor reimbursement (removal and reinstallation only) by a Fleet or Installer (up to \$150; limit does not apply for powertrain assemblies). Labor reimbursement is calculated using the lower of the Fleet/Installers labor or the Ford published SLTS labor.

Fleet/Installer Labor Hours: \_\_\_\_\_ x Fleet/Installer Labor Rate: \_\_\_\_\_ = Total Labor: \_\_\_\_\_

Attach copy of labor time documentation from Fleet or Installer

Ford SLTS Labor Hours: \_\_\_\_\_ x Dealer Warranty Labor Rate: \_\_\_\_\_ = Total Labor: \_\_\_\_\_

Ford recommends retaining a copy of this document in the Customer Service File to support warranty claim submission.



FORD PARTS



Motorcraft



Omnecraft