

The following information is needed to resolve your braking system problem. The brake shoe is the wear item in this mechanical and air system. The overheating/failure of this component helps identify where the braking system is improperly working. Return completed form with each part returned; call with any questions.

CLAIM SUBMISSION GUIDELINES – Incomplete forms will delay Warranty Claim processing!

- Step 1: All products returned must have an RGA# – **Call (414) 764-4211 to get your RGA#.**
- Step 2: Warranty claim form must be completed in full.
- Step 3: Warranty claim form must be attached to each returning part.
- Step 5: Return product via prepaid freight or on local delivery truck.
- Step 6: NeoBrake will inspect the product to determine validity of the claim.
- Step 7: If claim is deemed valid, NeoBrake will replace the product or issue a credit to the claimant.
- Step 8: If claim is deemed invalid, NeoBrake will scrap or return freight collect per the direction of the claimant.

CLAIMANT INFORMATION

Date: _____	Date: _____
Customer Name: _____	Fleet Name: _____
City: _____	City: _____
Phone: _____	Phone: _____
Contact Name: _____	Contact Name: _____
Email: _____	Email: _____
RGA #: _____	

PRODUCT INFORMATION

Part Number: _____	Date Installed: _____
Kit(s) / Loose Shoes: _____	Odometer at Install: _____
Quantity: _____	Date Removed: _____
	Odometer at Removal: _____

VEHICLE INFORMATION

Make: _____ Model: _____ Type of Use: _____

Reason for Removal: _____

Condition of other Wheel Positions on Axle: _____

Components changed at time of last brake job:

	YES	NO	BRAND/TYPE USED
Drum	<input type="checkbox"/>	<input type="checkbox"/>	_____
Slacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
S-cam	<input type="checkbox"/>	<input type="checkbox"/>	_____
S-cam Bushings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brake Hardware	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Valve	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABS Valve	<input type="checkbox"/>	<input type="checkbox"/>	_____

FOR OFFICE USE ONLY	
ACTION TAKEN: Approved _____ Denied _____	DATE: _____
EXPLANATION: _____	

Signature: _____ Date: _____