



WARRANTY AUTHORIZATION FORM (WAF)

TRUCK OWNER'S DETAILS

TRUCK OWNER'S NAME

TRUCK OWNER'S PHONE NUMBER

TRUCK OWNER'S EMAIL

TRUCK DETAILS

BUILD NUMBER

DATE OF FAILURE (DD/MM/YYYY)

CHASSIS HOURS

CHASSIS MILEAGE

BLOWER HOURS

WATER PUMP HOURS

WATER HEATER HOURS

HYDROVAC COMPONENT FAILURE

DESCRIPTION OF FAILURE/DEFECT

CIRCUMSTANCES OF FAILURE (IE: WORKING; NOT WORKING; BLOWER/HYDRAULICS ON/OFF; ETC.)

REPAIR FACILITY DETAILS

DATE (DD/MM/YYYY)

REPAIR FACILITY (BUSINESS NAME)

REPAIR FACILITY PHONE NUMBER

WARRANTY AUTHORIZATION FORM SUBMISSION DETAILS

SUBMITTED BY (COMPANY NAME)

PRINCIPAL CONTACT'S NAME

COMPANY'S STREET ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PRINCIPAL'S PHONE NUMBER

PRINCIPAL'S EMAIL



IMPORTANT! PLEASE ATTACH PHOTOS BY EMAIL TO WARRANTY@TGHL.CA WHEN SUBMITTING THIS WAF FORM