

Service Request Form

Please provide as much information as possible to better serve you.

Your Information	
Name:	
Address:	
	State: Zip Code:
	Country Code:
Daytime Phone:	Alternate Phone:
Email:	
Return Address:	□ Same As Above
Name:	
Address:	
City:	State: Zip Code:
Country:	Country Code:
<u>Item for Service</u> : □ EVF	□ LANDING GEAR □ OTHER
Date of purchase:	Place of purchase:
Bate of parenage.	1 lade of parenase
Description of problem a	nu/or work requested.
EVF SECTION - Type of batteries used/battery	/ configuration:
Location of problem: □ N	Motor □ E.S.C. □ Rotor □ Unknown
Problem:	
□ Crashed □ I	Broken or bent shaft □ Observed smoke
□ No Power □ 0	Chipped or broken blades
 Other (Explain Below 	v)
Additional Information:	