Dillon Aero Inc.

Product Deficiency Report

CUSTOMER/USER INFORMATION

Complete this section only, then submit to Dillon Aero to start the warranty process.

UNIT NAME/POC: _____

Include telephone number, fax number, and e-mail address.

UNIT ADDRESS: _____

_____

_____

WEAPONS PLATFORM: _____

Indicate position (left, right, etc.), aircraft tail number, and vehicle serial number (if applicable).

DEFICIENT PART: _____

Include name, part number, lot number, and serial number (if applicable).

_____

DEFICIENCY SEVERITY: [1.] [2.] [3.] [4.] [5.]

Minor *Severe*

DEFICIENCY DATE: _____ **REPORTING DATE:** _____

DEFICIENCY DETAILS: _____

Be as specific as possible.

_____

_____

_____

INSPECTION FINDINGS: _____

Be as specific as possible.

_____

_____

NAME: _____ **SIGNATURE:** _____

Dillon Aero Inc.
8009 East Dillons Way
Scottsdale, AZ 85260 USA

480.333.5450
800.881.4231
Fax: 480.948.6616

DEFICIENCY REPORT NO:

DILLON AERO INFORMATION

This section to be completed by Dillon Aero.

DATE RECEIVED: _____

INSPECTION FINDINGS: _____
Be as specific as possible.

_____

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DEFICIENCY SEVERITY: [1.] [2.] [3.] [4.] [5.]
Minor *Severe*

ACTION TAKEN: _____
Be as specific as possible.

_____

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DATE CLOSED: _____

NAME: _____ **SIGNATURE:** _____