



Fuel Injector Repair/Warranty Request Form

Name _____

Company _____

Return Shipping Address _____

City _____ State _____ Zip Code _____

Email _____ Daytime Phone _____

Truck Year _____ VIN _____ Miles _____

Is the Item to be tested an Unlimited Diesel Performance Product? YES NO

If no, Please provide the original manufacturers name if available. _____

Injector Size (If Known) _____

Complaint/Symptoms _____

Miles Driven Since Injector Install _____

Check Engine Light Illuminated? YES NO

If Yes, Please provide DTC's retrieved _____

Injector Buzz Test Performed? YES NO Results _____

Cylinder Contribution Test Performed? YES NO Results _____

What other diagnostic procedures have been performed? _____

Vehicle Modifications _____
