



Claim # _____

Pool Distributor Warranty Claim

Pool Owner Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Dealer/Installer Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Dealer Signature _____ Date _____

Motor Purchased from (Distributor/Wholesaler) _____

Address _____

City _____ State _____ Zip _____

Nameplate Here

Date Installed _____ Date Claimed Defect was Discovered _____

Nature of Claimed Defect Noisy Shorted Trips Overload Locked-Up

*Note: Pool owner, dealer information and nameplate are required for a valid warranty claim

**Mail Form and Nameplates to:
Regal Beloit America, Inc. • Attn: Distribution Warranty Department
531 North Fourth Street • Tipp City, OH 45371**