



Distributor Warranty Claim

Date Submitted _____ Distributor Claim # _____ By _____

Distributor Name _____

City _____ State _____ Zip _____ Phone _____

PLACE NAMEPLATE HERE

PLACE NAMEPLATE HERE

Nature of Defect _____

Nature of Defect _____

Install Date _____

Install Date _____

Fail Date _____

Fail Date _____

Serial # _____

Serial # _____

PLACE NAMEPLATE HERE

PLACE NAMEPLATE HERE

Nature of Defect _____

Nature of Defect _____

Install Date _____

Install Date _____

Fail Date _____

Fail Date _____

Serial # _____

Serial # _____

1. Make copies of nameplates for your files
2. Warranted motors must be kept for possible inspection or until credit has been issued.
3. No copies of nameplates are accepted unless approved by the Warranty Department.
4. [Standard Terms & Conditions apply.](#)

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