

FIREARM WARRANTY REPAIR FORM

Please complete this form and return to **csr@gravelagency.com** or fax to **418.682.3343** to obtain a return authorization (RA) number. The RA number must be written on the outside of the box and then shipped to: Gravel Agency, 5175 John-Molson, Quebec, QC, G1X 3X4, CANADA. You are responsible for shipping costs to Gravel Agency. **Gravel Agency is not responsible for goods that are lost or damaged in the shipping process.** We suggest using a shipping company with tracking numbers and insurance. Please **send proof of purchase** (copy of the original receipt) along with the completed form.

ATTENTION TO: CSR | **DATE:**

INFORMATION ON THE OWNER

FIRST NAME:		LAST NAME:	
ADDRESS:		P.O. BOX:	
CITY:	PROVINCE:	POSTAL CODE:	
PHONE #:		CELL #:	
EMAIL:			

POSSESSION AND ACQUISITION (PAL # or FAC#): **EXPIRY DATE:**

non-restricted restricted

PLACE OF BIRTH (City or Town name): **DATE OF BIRTH:**

IF RESTRICTED FIREARM, SHOOTING CLUB NAME: **CLUB MEMBERSHIP #:** **EXPIRY DATE:**

FIREARM

BRAND:	PRODUCT #:
MODEL AND CALIBER:	SERIAL #:

REG. CERT. # if restricted firearm (send a copy of certificate):

LIST AFTERMARKET PARTS (if applicable):

PROBLEM WITH THE FIREARM (if possible, include photos):

AT WHAT POINT DID YOU HAVE DIFFICULTIES?
 Loading the firearm Loading the round into the chamber Firing Extraction Ejection Cycling

WAS THE FIREARM: Cold Normal Hot Just cleaned Already fired (not cleaned)

DURING THE FAILURE, WERE YOU: Indoor Outdoor

IF OUTDOOR, DESCRIBE THE WEATHER CONDITIONS:

TYPE OF AMMO USED (Brand + Specs):
