

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:

YYYY MM DD

☐ non-restricted ☐ restricted

PLACE OF BIRTH (City or Town name):

DATE OF BIRTH:

YYYY MM DD

IF RESTRICTED FIREARM,
SHOOTING CLUB NAME:

CLUB MEMBERSHIP #:

EXPIRY DATE:

YYYY MM DD

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 AND WHEN DID YOU FIRST NOTICE THE ISSUE OCCURING (if possible, include photos):

AT WHAT POINT DID YOU HAVE DIFFICULTIES?

☐ Loading the firearm ☐ Loading the round into the chamber ☐ Firing ☐ Extraction ☐ Ejection ☐ CyclingWAS 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: ☐ Hand loaded (reloaded) ☐ Factory ammunition

PLEASE PROVIDE SPECIFIC DETAILS (Brand + Specs):

