

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:

STORE INFORMATION

STORE NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE #:

FAX #:

EMAIL:

REFERENCE #:

CONTACT PERSON:

BUSINESS FIREARMS LICENCE # :

EXPIRY DATE:

INFORMATION ON THE OWNER OF THE FIREARM

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 INFORMATION

BRAND:

PRODUCT #:

MODEL AND CALIBER:

SERIAL #:

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

FOR QUEBEC RESIDENT (SIAF info):

FARN # :

UFAN # :

LIST AFTERMARKET PARTS (if applicable):

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

TYPE OF AMMO USED (Brand + Specs):

