

Warranty Return Troubleshooting Form

Name: Date:					
*Phone #:	Alt Phone #:				
*Mfg: HP:	_ Year:#	of Cyl: Mo	odel/SN:		
*Original Issue:					
Please include original purcha	se receipt with	n part to be r	eturned.		
*Spark Plug Brand:	*Spark Plu	g Number: _			
Spark? #1 #2	#3	#4	_ #5	#6	
Stator Resistance: Charge Coil: _	Charge	Coil:	Power Co	il:	
Stator Resistance: Low Speed Co	oil:/	High Speed	d Coil:	/	
Stator DVA Volts: Charge Coil:	Charge C	oil: Po	wer Coil: _		
Stator DVA Volts: Low Speed Coil	:/	_ High Speed (Coil:		
Trigger Resistance: #1#2	2 #3	#4	#5	#6	
Trigger DVA Connected : #1	#2 #	3 #4	#5	#6	
Trigger DVA Disconnected : #1	#2 #	3 #4	#5	#6	
DVA Voltage to Coil: #1#2	#3	#4	_#5	_#6	
*Battery Brand:	Battery Type:	Batte	rv CCA:		

* Required Information