

## Service Credit Application

## SCA Descriptions

Application must be submitted to your Distributor within 30 days of repair date

### Service Credit Application Warranty Claim Form

Customer # <b>1</b>	Distributor # <b>2</b>				
Dealer Name:					
Customer Information					
First Name		Last Name			
Street					
City <b>3</b>		State	Zip		
Phone #		Email address:			
Warranty Type					
<input type="checkbox"/> Stock Unit	<input type="checkbox"/> Standard	<input type="checkbox"/> Bulletin <b>4</b>	<input type="checkbox"/> Service Parts		
<input type="checkbox"/> Competitive Equipment	<input type="checkbox"/> Preauthorization	<input type="checkbox"/> Unit Exchange	<input type="checkbox"/> Opt. Contract (parts only)		
Application Type					
<input type="checkbox"/> Owner Occupied Residential <b>5</b>	<input type="checkbox"/> Other Residential Application	<input type="checkbox"/> Commercial	Installing Homeowner: <b>6</b>		
Unit Information					
Model # <b>7</b>		Serial # <b>7</b>			
Install Date <b>8</b>	Failed Date <b>9</b>	Repair Date <b>10</b>			
Optional Contract Number (Parts Only) <b>11</b>		Bulletin / Authorization # <b>12</b>			
Causal Part <b>13</b>	Carrier Part Number (not vendor #)	Qty	Order/Invoice #	Part SN (if applicable)	Install Date
<input type="checkbox"/> Failed: <b>14</b>	<b>15</b>			<b>16</b>	<b>17</b>
<input type="checkbox"/> Replaced: <b>18, 19</b>	<b>20</b>		<b>22</b>	<b>21</b>	
<input type="checkbox"/> Failed:					
<input type="checkbox"/> Replaced:					
<input type="checkbox"/> Failed:					
<input type="checkbox"/> Replaced:					
<input type="checkbox"/> Failed:					
<input type="checkbox"/> Replaced:					
Quality Information					
Model Locs <b>23</b>	<input type="checkbox"/> Attic	<input type="checkbox"/> Basement	<input type="checkbox"/> Carport/Garage	<input type="checkbox"/> Crawf Space	<input type="checkbox"/> Closet
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Rooftop			
Gas Furnace Fuel:	<input type="checkbox"/> Propane <b>24</b>	<input type="checkbox"/> Natural Gas	Furnace Orientation: <b>25</b>	<input type="checkbox"/> Downflow	<input type="checkbox"/> Horizontal
	<input type="checkbox"/> Upflow				
DOA Labor Repair Type (Labor Allowance is based on the selected DOA Labor Repair Type. Refer to table on front of instruction sheet):					
Causal Code (refer to back of instruction sheet): <b>27</b>					
Service Performed: <b>28</b>					
New Comment: <b>29</b>					
Service Provider Signature			Date		

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- Customer number used for orders at Parts Store
- 5-Digit distributor number obtained from the Parts Store
- Customer Information: Name, Address, E-mail, Phone
- Warranty Type: See below
- Application Type: Owner Occupied Residential, Other Residential Application, or Commercial
- Installing Homeowner: Original purchasing homeowner
- Complete and valid Model/Serial number from the unit
- Unit Installed/Startup Date: Date unit was powered
- Failed Date: Date the unit failed
- Repair Date: Date unit was repaired
- Optional Contract Number (Parts Only)
- Bulletin/Authorization Number: See Warranty Type below
- Causal Part: The part that caused initial failure
- Failed Part Number: Part number from label on part
- Failed Part Quantity: Number of same part failed
- Failed Part Serial Number: Compressor only
- Failed Part Install Date: Service part only
- Competitive Part: Replacement part if allowed by Distributor
- Replacement Part Number: Replaced factory part number
- Replacement Part Quantity: Number of same part replaced
- Replacement Part Serial Number: Compressor Only
- Replacement part Invoice Number: For purchased part
- Model Location: Furnace only
- Gas Furnace Fuel: Furnace only
- Furnace Orientation: Select appropriate box for orientation
- DOA Labor Repair Type: See Below
- Causal Code: See back of this instruction sheet
- Service Performed: Detailed description of failure/repair, for leak, list location of leak and how repaired
- New Comment.

## Warranty Type

**Stock/Inventory** – Unit is found to be defective in Dealer/Distributor Inventory and defect is due to poor factory workmanship. Also applies to units repaired in stock under a special program. These units have not been installed yet.

**Standard** – Manufacturer's Warranty-Factory (1<sup>st</sup> Year and Extended) warranty coverage as defined by the Warranty Certificate.

**Bulletin** – SMB (Service Manager's Bulletin) is a factory program see your distributor for details.

**Service Part (1 Year Service Part)** – Failed part was a specified replacement part purchased from the factory for repair of an out of warranty unit, and date of installation of failed part is less than one year from date of failure.

**Competitive Equipment** – Select only if base unit is not Carrier Brand Equipment, but failed and replacements are purchased from RCD.

**Preauthorization** – Check with your local Distributor.

**Unit Exchange** – Approved Unit Replacement or Change Out. Check with your local Distributor for approval.

**Optional Contract** – Optional (parts only) coverage was purchased on unit and unit is registered with Warranty Administration. Defective part is covered as defined by optional warranty certificate. A contract has been purchased for this equipment.

## DOA Labor Repair Type

LRT1	— No DOA Labor
LRT2	— DOA Minor Component Labor
LRT3	— DOA Compressor Labor AC, HP, SPP 1 – 5 Tons
LRT4	— DOA Compressor Labor Small & Medium Rooftop 1 - 5 Tons
LRT5	— DOA Compressor Labor Small & Medium Rooftop 6 - 9 Tons
LRT6	— DOA Compressor Labor Small & Medium Rooftop 10 - 19 Tons
LRT7	— DOA Compressor Labor Small & Medium Rooftop 20+ Tons
LRT8	— DOA Primary Heat Exchanger
LRT9	— DOA Secondary Heat Exchanger
LRT10	— SPP Heat Exchanger Aluminized Steel
LRT11	— SPP Heat Exchanger Stainless Steel
LRT12	— DOA Leak Repair Tubing
LRT13	— DOA Leak Repair Valves
LRT14	— DOA Leak Repair Coil 1 - 5 Tons
LRT15	— DOA Leak Repair Coil 6 - 9 Tons
LRT16	— DOA Leak Repair Coil 10 - 19 Tons
LRT17	— DOA Leak Repair Coil 20+ Tons
LRT18	— PTAC H/C Cycle Coil Compressor
LRT19	— PTAC HP Cycle Coil Compressor Reversing Valve
LRT20	— PTAC Motor Repair
LRT21	— PTAC Leak Repair
LRT22	— PTAC Misc Component Repair



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Dealer Name:					
<b>Customer Information</b>					
First Name			Last Name		
Street					
City				State	Zip
Phone #			Email address:		
<b>Warranty Type</b>					
<input type="checkbox"/> Stock Unit	<input type="checkbox"/> Standard	<input type="checkbox"/> Bulletin	<input type="checkbox"/> Service Parts		
<input type="checkbox"/> Competitive Equipment	<input type="checkbox"/> Preauthorization	<input type="checkbox"/> Unit Exchange	<input type="checkbox"/> Opt. Contract <i>(parts only)</i>		
<b>Application Type</b>					
<input type="checkbox"/> Owner Occupied Residential	<input type="checkbox"/> Other Residential Application	<input type="checkbox"/> Commercial	Installing Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Unit Information</b>					
<b>Model #</b>			<b>Serial #</b>		
Install Date		Failed Date		Repair Date	
Optional Contract Number (Parts Only)			Bulletin / Authorization #		
<b>Causal Part</b>	<b>Carrier Part Number (not vendor #)</b>	<b>Qty</b>	<b>Order/Invoice #</b>	<b>Part SN (if applicable)</b>	<b>Install Date</b>
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<input type="checkbox"/>	Failed:				
	Replaced:				
<b>Quality Information</b>					
<b>Model Location:</b> <input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Carport/Garage <input type="checkbox"/> Crawl Space <input type="checkbox"/> Closet <input type="checkbox"/> Outdoors <input type="checkbox"/> Rooftop					
<b>Gas Fuel:</b> <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas			<b>Furnace Orientation:</b> <input type="checkbox"/> Downflow <input type="checkbox"/> Horizontal <input type="checkbox"/> Upflow		
<b>DOA Labor Repair Type</b> (Labor Allowance is based on the selection of a Labor Repair Type, Refer to table on front of Instruction sheet):					
<b>Causal Code</b> (refer to back of instruction sheet):					
<b>Service Performed:</b>					
<b>New Comment:</b>					

Service Provider Signature \_\_\_\_\_

Date \_\_\_\_\_