

DPF/DOC WORKORDER



* DATE: ____/____/____

* CUSTOMER NAME: _____

* CONTACT NAME AND PH #: _____

* VEHICLE VIN #: _____

* CURRENT MILEAGE: _____

ENGINE MODEL: _____

ENGINE SERIAL #: _____

* PURCHASE ORDER #: _____

CUSTOMER NOTES: _____

* WHY IS DPF/DOC HERE?: MAINTENANCE / MECHANICAL FAILURE (CIRCLE ONE) _____

DATE ARRIVED: ____/____/____

DATE RETURNED TO CUSTOMER: ____/____/____

* LOCATION TRANSFER SECTION:

LOCATION SHIPPED FROM: K&R / KZOO / MUSK / GR / LAN - (CIRCLE ONE)

SHIPPED BACK TO: K&R / KZOO / MUSK / GR / LAN - (CIRCLE ONE)

WHO WAS DOC/DPF GIVEN TO TO RETURN:

DATE AND TIME GIVEN TO: ____/____/____ ____:____ AM/PM

NOTES:

* ASTERISK DENOTES REQUIRED FORM FIELDS FOR CONSISTENT AND EXPEDITED COMPLETION & TURN AROUND TIMES
NOTE: OIL SOAKED DPF'S/DOC'S MAY NOT BE CLEANABLE