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# RG A FORM

Purchase Date

Date Installed

Today's Date

Name

Address

City State Zip

Email

Phone Purchased From: Person of Contact for Warranty:

Year Make Model

Engine Transmission HP/TQ

Vehicle Modifications

Vehicle Usage

Part Number Miles on Clutch Assembly

Name Of Installer Purchased From:

Date Issues Began

Description Of Issue:

Proof of purchase attached?

Proof of resurfacing attached?

This form must be completely filled out and sent back to tech@competitionclutch.com before any warranty return can be authorized.