



**WARRANTY CLAIM FORM**  
 FORWARD THE ORIGINAL COPY TO:  
**Accuride Corporation**  
**Warranty Department**  
 2315 Adams Lane  
 Henderson, KY 42420  
[warrantyadmin@accuridecorp.com](mailto:warrantyadmin@accuridecorp.com) or  
 Fax Transfer to (270) 827-7697

DO NOT WRITE  
 IN THIS SPACE

DATE \_\_\_\_\_

**PLEASE PRINT CLEARLY AND LEGIBLY – ILLEGIBLE CLAIMS WILL BE RETURNED FOR CORRECTION.**

**This warranty claim will not be processed without complete information being filled in and sent to Accuride.**

No claim shall be granted if the product and/or components have been subjected to abuse, misuse, misapplication, alteration, or improper installation/maintenance. See product brochures for complete Warranty Statement. Customer or distributor must retain part(s) until notified of disposition by Accuride or until given a Returned Goods Authorization (RGA) for return analysis. Do not return parts without an RGA.

PRODUCT INFORMATION				
	ITEM ONE	ITEM TWO	ITEM THREE	ITEM FOUR
PART NUMBER				
DATE CODE See Attached Sheets				
MONTHS OF SERVICE				
QUANTITY				

**CONCERN:**

DESCRIBE THE CONCERN BELOW. BE SPECIFIC ABOUT THE LOCATION OF THE CONCERN.


**FLEET OR OWNER/OPERATOR**

NAME OF OWNER	ADDRESS		
CITY	STATE	ZIP CODE	PHONE NUMBER

Please indicate which Axle the product came off of:     Steer     Drive     Tag     Pusher     Lift     Trailer

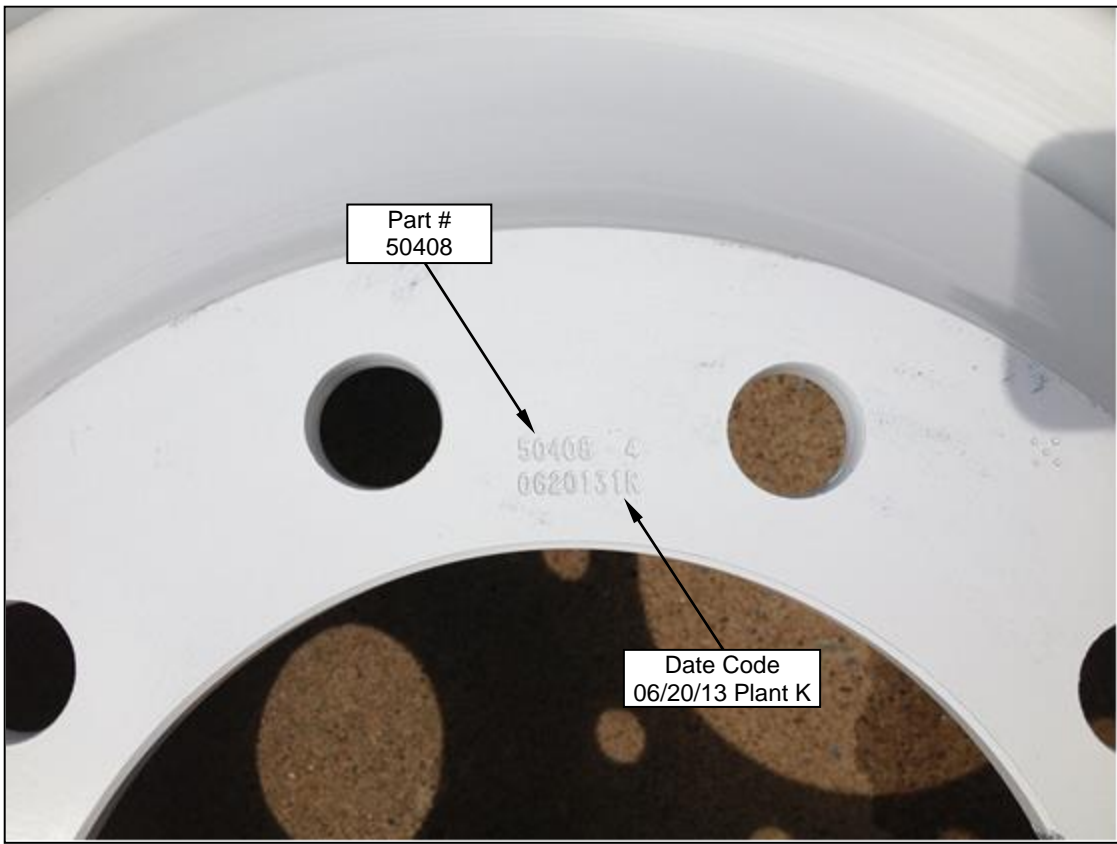
**VOCATION – Please mark an X next to the one that best describes the application.**

<input type="checkbox"/> Cement / Concrete Delivery	<input type="checkbox"/> City Service Vehicle	<input type="checkbox"/> Car / Livestock Hauler
<input type="checkbox"/> Construction / Dump Truck	<input type="checkbox"/> Emergency Service Vehicle	<input type="checkbox"/> Motorhome / RV / Coach
<input type="checkbox"/> Fire Truck	<input type="checkbox"/> Food or Beverage Delivery	<input type="checkbox"/> Tractor Tanker
<input type="checkbox"/> Heavy Haul (Gravel, Mining, etc.)	<input type="checkbox"/> Pick-Up and Delivery	<input type="checkbox"/> Tractor Trailer – End Dump
<input type="checkbox"/> Logging	<input type="checkbox"/> School Bus	<input type="checkbox"/> Tractor Trailer – Flatbed
<input type="checkbox"/> Mobile Crane	<input type="checkbox"/> Sightseeing / City Bus	<input type="checkbox"/> Tractor Trailer – Line Haul
<input type="checkbox"/> Refuse	<input type="checkbox"/> State Vehicle	<input type="checkbox"/> Tractor Trailer – Refrigerated
<input type="checkbox"/> Snow Plow	<input type="checkbox"/> Utilities Truck	<input type="checkbox"/> Other:

**AUTHORIZED ACCURIDE DISTRIBUTOR OR RECOGNIZED TRUCK AND/OR TRAILER DEALERSHIP**

COMPLETE ACCURIDE DISTRIBUTOR OR OE DEALERSHIP INFORMATION AND ADDRESS IS NECESSARY FOR CREDIT DESIGNATION OR REPLACEMENT

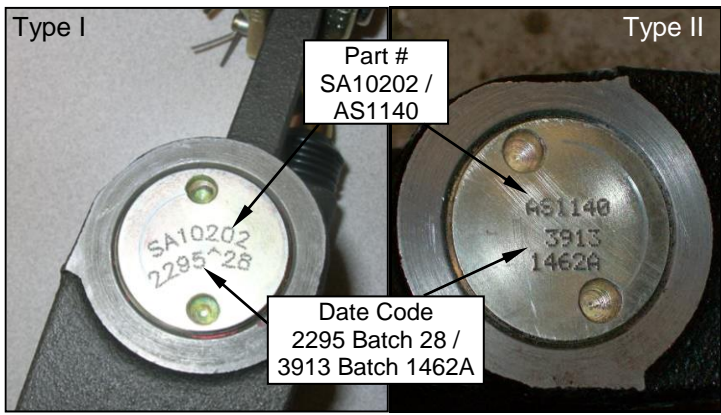
DEALERSHIP FOR	OE DEALER CODE	DISTRIBUTOR OR DEALER CLAIM #	
AUTHORIZED DISTRIBUTOR OR ORIGINAL EQUIPMENT MANUFACTURER'S NAME	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	PRINT NAME	EMAIL ADDRESS	



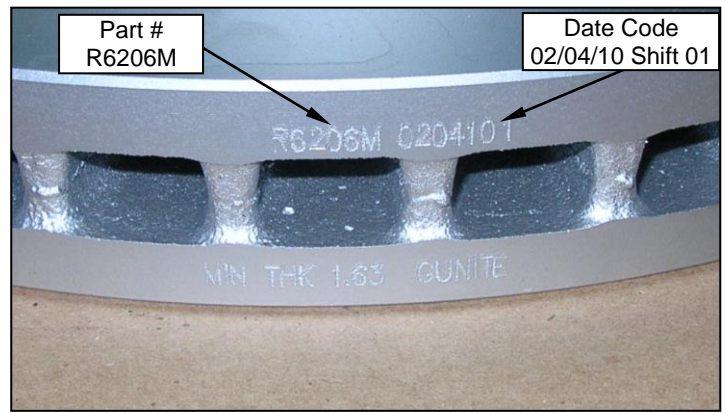
**Steel Wheel Identification**



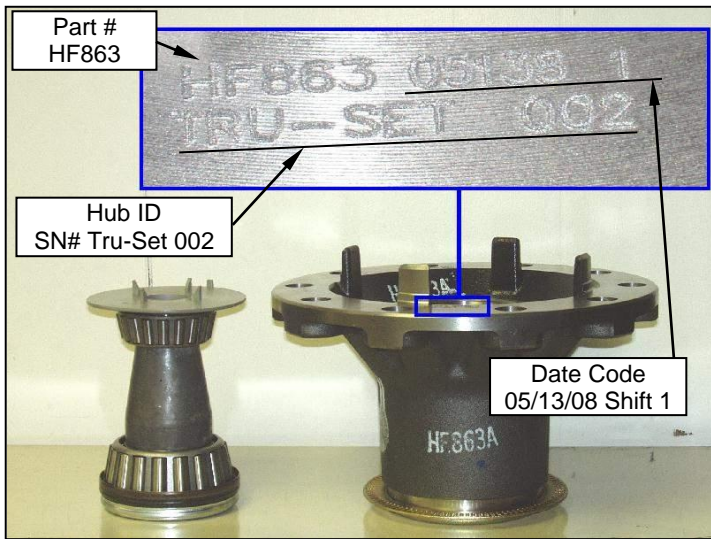
**Aluminum Wheel Identification**



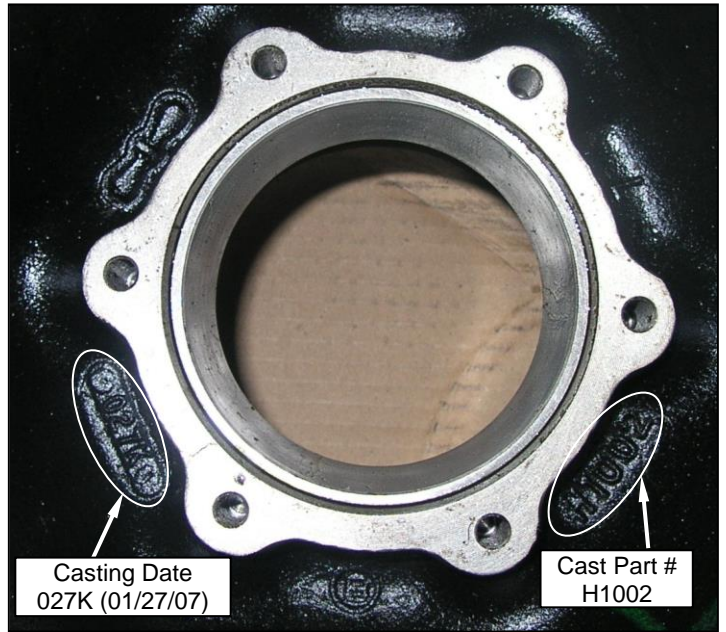
**Slack Adjuster Identification**



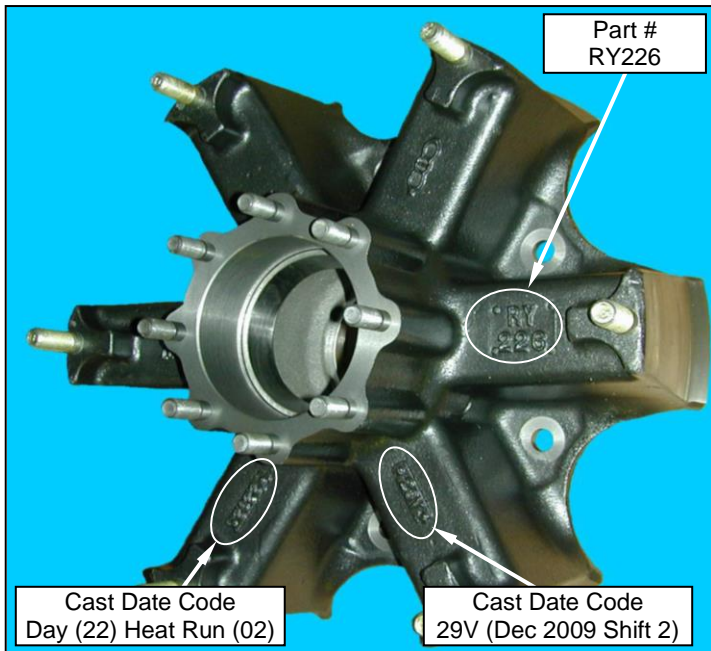
**Rotor Identification**



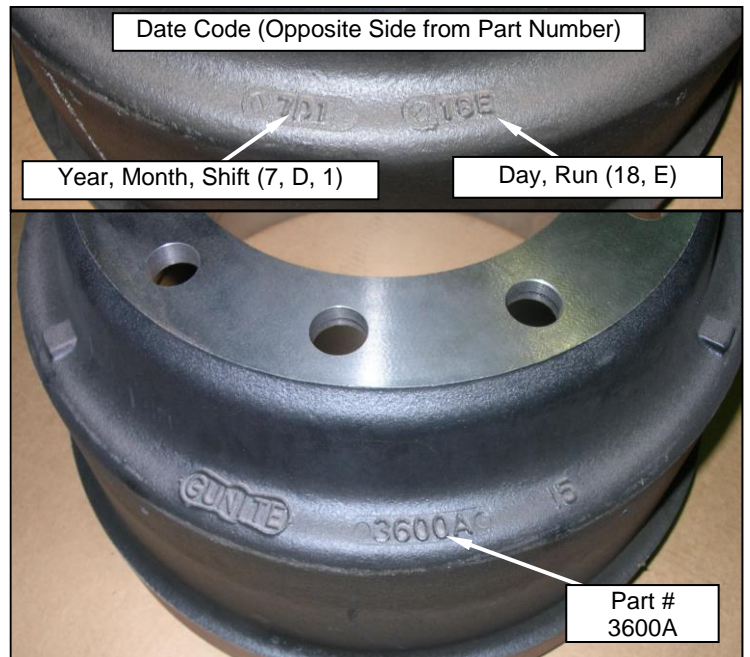
**Disc Wheel Hub (Machined) Identification**



**Disc Wheel Hub (Cast) Identification**



**Spoke Wheel Identification**



**Drum Identification**