

Claimant Name & Address: Contact Name: Fax No: _____ Tel No: _____ Engine Operated by: _____	Serial No.	Module Name	Total Time	Total Cycles	Time Since Previous Removal	Date Removed	Engine Type & Model
Reason for Removal / Description of Repair / Maintenance Action						Is this RSA resulting from a maintenance action? <input type="checkbox"/> YES <input type="checkbox"/> NO Was this maintenance action <input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled	
						Customer Ref: _____	

Parts Installed					Parts Removed					Remarks: (E.G. Removed Part Condition, Commercial Support Program Number, etc.)		
Qty.	Part Number	Serial No.	NEW	SERV.	EXCH.	PART DESCRIPTION	Qty.	Part Number	Serial No.		Part Total Time	Part Total Cycles

LABOUR	No. of Hours	(\$ US) Labour Rate	Type of Labour (E.G. R&I, Access, Troubleshooting, etc.)

OTHER	Amount (\$US)	Description (E.G. Fuel & Oil, Test, Freight, Consumables)

FMP <input type="checkbox"/> ESP <input type="checkbox"/> Other <input type="checkbox"/>	P&WC Representative Print _____ Signature _____	Remarks _____ _____
Contract No _____		

Request for Service Allowance (RSA) - Claim Instructions

Claimant Name, Address, and Contact

Enter the name, mailing address, and contact of the organization submitting the claim. It is important to include a fax and phone number for communication.

Engine Operated By

Enter the name of the part owner or operator.

Serial Number

Enter the serial number of the engine, engine module, or gearbox as applicable, except when all items on the RSA are "Defective New Material". Where repetitive low value labour and /or parts are being claimed on the same RSA form, enter "various" under the engine serial number and identify each affected engine serial number in the appropriate remarks column.

Module Name

Indicate whether the claim relates to a complete engine, engine module, or gearbox, i.e. engine, power section (PS), gas generator (GG), turbomachine module (TM), reduction gearbox (RGB), or combining gearbox (CGB).

Total Time, Total Cycles, Time Since Previous Removal

Enter engine, engine module, or gearbox total time since new, total cycles since new, and/or total time since last removal for shop repair or overhaul.

Date Removed

Enter the date the engine, engine module, gearbox, engine parts, or accessories were removed, or, in the event of a labour claim, the date the work was carried out.

Engine Type and Model

Enter the type and model of the affected engine, engine module, or gearbox. When the claim is not associated with a specific engine, such as Defective New Material, list the engine type and model if known, i.e. PT6A, JT15D, PW100, etc.

Reason for Removal/Description of Repair.maintenance Action

Enter a clear description of the reason for removal, the type of repair carried out, or the maintenance action taken.

Customer Ref.:

Enter the reference number to be used for traceability within the claimant's system, if applicable.

Parts Installed/ Parts Removed

Enter the part details as indicated. Check the appropriate type of installed part (new, serviceable, or exchange).

Labour

Enter the details regarding hours, labour rate, and description of labour carried out. Also, enter the engine serial numbers if the claim is for more than one engine. Note: claims should be made in US funds.

Other

Enter the amount and details regarding additional credits requested within the terms of the applicable P&WC policy (e.g. transportation, fuel & oil, consumables, test, troubleshooting, etc.) Note: claims should be made in US funds.

FMP/ESP/Other/Contract No.

Indicate if the claim supports an operator who is a participant in one of the maintenance programmes offered by P&WC or has a specific Product Support Agreement signed with P&WC, and identify the appropriate contract number.

P&WC Representative

The designated P&WC Field Support Representative (FSR) must sign this form in cases where material is to be scrapped at claimant's facility.

Remarks

Any additional information concerning the event being claimed may be added here. Also, enter the engine serial numbers if the claim is for more than one engine.

MAIL COMPLETED FORM TO THE AUTHORIZED SUPPLIER, FACILITY, OR DISTRIBUTOR WHO HAS FURNISHED THE REPLACEMENT PARTS.