

(Photo copy ID here)

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____

EMAIL ADDRESS: _____

WARRANTY / REPAIR FORM

SERIAL NUMBER: _____

DESCRIBE MALFUNCTION: _____

MAKE OF UPPER USED WITH THIS LOWER: _____ CALIBER: _____

*****THIS SECTION TO BE FILLED OUT BY NEW FRONTIER ARMORY*****

RECEIVED AS: COMPLETE ___ PARTIAL ___ STRIPPED ___ OTHER _____

DATE LOGGED IN: _____ ACTION RECOMMENDED: REPAIR / REPLACE

If **REPAIRED**, what was done: _____

If **REPLACED**, what was the serial #: _____