

ENSURE THE CONSIGNEE IS  
RESPONSIBLE FOR DUTIES  
AND TAXES ON SHIPPING  
DOCUMENTS



## INSIGHT WORLD REPAIR/RETURN FORM

Please place this portion of the form in the shipping box, with the product being sent for repair.

### Your Return Shipping Address:

Date: \_\_\_\_\_

Name and/or Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Federal Employer Identification Number EIN#: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

*Please allow approximately  
5 business days, plus  
shipping time, for repairs.*

Zip/Postal Code: \_\_\_\_\_

### ITEMS BEING RETURNED FOR REPAIR

Product Type: \_\_\_\_\_ Part #: \_\_\_\_\_ Ser. #: \_\_\_\_\_

Product Type: \_\_\_\_\_ Part #: \_\_\_\_\_ Ser. #: \_\_\_\_\_

Product Type: \_\_\_\_\_ Part #: \_\_\_\_\_ Ser. #: \_\_\_\_\_

#### Aircraft Info:

Aircraft Model # \_\_\_\_\_ Aircraft Registration/Tail #: \_\_\_\_\_

Cylinders: \_\_\_\_\_ # of Turbos: \_\_\_\_\_ Engine Make/Model: \_\_\_\_\_

Estimate Required: Yes No

Is This a Core Return?: Yes No

Please give an accurate, brief description of the problem and symptoms:

Name of technician contacted at Insight: \_\_\_\_\_

Minimum Charges: New Colour G1, G2, G3, G4 Single/G4 Twin, G9 Radial: \$350

Strikefinder: \$400 / RBS: \$200 / TAS 1000: \$300 / FF: \$250

This includes "No Fault Found"



**Ship to:**  
**Insight Instrument Corp.**  
**599 Industrial Drive**  
**Fort Erie, ON, Canada**  
**L2A 5M4**