



# Warranty Form

Customer Name:

Contact Name:

Phone Number:

Email:

Address:

Cummins Filtration  
Contact:

Date of Contact:

Part Number:

Quantity:

Filter Date Code:

Filter Date in Service:

Filter/Part Failure Date:

Filter Miles/Km/Hours:

Engine Serial Number:

Equipment Make/Model:

Equipment VIN:

Equipment Miles/Km/Hrs:

Part Amount:

Labor:

Other:

Total Claim Amount:

Other Information:

**Please follow the steps below:**

1. Fill out the Warranty Form and email to [CFWarranty@cummins.com](mailto:CFWarranty@cummins.com)
2. Cummins Filtration will send you a RMA #
3. Return parts + Warranty Form to:  
CUMMINS FILTRATION WARRANTY  
1200 FLEETGUARD ROAD  
COOKEVILLE, TENNESSEE 38506
4. Include invoices, pictures & any other information that will help adjudicate the claim.
5. Box the return filter using an appropriate fluid tight container where necessary.

## Claim Description