



### QUICK AND EASY CORE/WARRANTY PICK-UP REQUEST

1. Completely fill out form below - using only Pick Up Location information.
2. You can fax or email your completed form:
  - For CORE: email to [core@reviva.com](mailto:core@reviva.com) or submit form online at <https://www.reviva.com/resources/core-returns-sales-purchases>
  - For WARRANTY: email to [warranty@reviva.com](mailto:warranty@reviva.com) or submit form online at <https://www.reviva.com/resources/core-returns-sales-purchases>
3. Upon receipt, your request will be processed, a carrier will be scheduled, and you will receive a return Bill of Lading sent to you either by fax or email.
4. Securely affix the printed Bill of Lading to the core/warranty scheduled for pick-up
5. To discuss any issues or questions with the pick-up request, or if a pick-up is unsuccessful please call:
  - CORE: 877-357-7634 Option 3
  - WARRANTY: 763.971.6243

Pick-Up Location Name: \_\_\_\_\_

Pick-Up Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pick-Up Location Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Pick-Up Location Hours of Operation: \_\_\_\_\_

Shipment Information:	Lifegate Required?	Yes	No
Pieces: ____ Type: _____	***MUST BE PAID FOR AT TIME OF SALE		

Serial Number of Engine Sent to You: \_\_\_\_\_

Please Check **ONE** Option Below:

Core

Warranty

Plant Inspection

New Return

Cylinder Head

Claim Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

RMA Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_