



**Underwater Sports, Inc.**

Technical Services Department

**(206) 362-3310**

Service@UnderwaterSports.com

Underwater Sports  
10545 Aurora Ave. North  
Seattle, WA 98133



Yes, please sign me up for our newsletter and special sales.

**Company, Department, or Team Name, if applicable.**

**First Name**

**Last Name**

**Address 1**

**Address 2**

**City**

**State**

**Zip**

**Phone**

**Email Address**

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## Regulator Information

**Regulator Components** *(Put N/A in non-applicable fields or leave blank)*

	<b>Manufacturer</b>	<b>Model</b>	<b>Serial Number</b>
<b>First Stage</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Primary</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Octopus</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Gauges and/or Computer</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Alternative Inflator</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Purchased form** *(Store, City & State required if requesting warranty work)*

**Date of Purchase** *(Roughly)*

**Purchase Price** *(Roughly)*

**Service Requested**

Please check all that apply:

- |                                                   |                                               |                                                     |
|---------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Overhaul 1st Stage       | <input type="checkbox"/> Overhaul Primary 2nd | <input type="checkbox"/> Replace High Pressure Hose |
| <input type="checkbox"/> Overhaul Alt. Inflator   | <input type="checkbox"/> Replace Primary Hose | <input type="checkbox"/> Change Primary Mouthpiece  |
| <input type="checkbox"/> Replace Inflator Hose    | <input type="checkbox"/> Overhaul Octopus     | <input type="checkbox"/> Change Computer Batteries  |
| <input type="checkbox"/> Test Gauges for Accuracy | <input type="checkbox"/> Replace Octo Hose    | <input type="checkbox"/> Change Octo Mouthpiece     |

***Please describe symptoms, issues and other service/s requested:***

**Verify, Print and Submit**

*Thank you for trusting Underwater Sports for your service needs. Our certified technicians service your equipment following manufacturers specifications. The turn around time on every service varies. If this is a rush order, please let us know your needs and we will try and accommodate. We do offer special pricing for express service.*

*I understand that by submitting this form I am authorizing Underwater Sports, Inc. to perform all the work requested.*

**Electronic Verification**

**Full Name**

After filling out form, please email a copy to [Service@UnderwaterSports.com](mailto:Service@UnderwaterSports.com) and keep one for your records. We will email you confirmation so please add us to your approved senders. Please print a copy of the completed form and include it in the box with your regulator .

**Please SUBMIT this form to  
[Service@UnderwaterSports.com](mailto:Service@UnderwaterSports.com)**

