



Underwater Sports, Inc.

Service Department

10545 Aurora Ave N.
Seattle, WA 98133
(206) 362-3310

Please fill this form out completely - one for each suit being sent in.

Company, Department, or Team Name, if applicable.

First Name

Last Name

Address 1

Address 2

City

State

Zip

Phone

Email Address

Suit Information

Dry Suit System Components *(Put N/A in non-applicable fields)*

	Manufacturer	Model	SN #, Size	Color/s
Dry Suit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergarment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<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"/> Airtest Suit | <input type="checkbox"/> Overhaul Exhaust Valve | <input type="checkbox"/> Overhaul Inflation Valve |
| <input type="checkbox"/> Overhaul Ankle Valves | <input type="checkbox"/> Patch Holes | <input type="checkbox"/> Replace Primary Zipper |
| <input type="checkbox"/> Replace Relief Zipper | <input type="checkbox"/> Install Relief Zipper | <input type="checkbox"/> Replace RIGHT Wrist Seal |
| <input type="checkbox"/> Replace LEFT Wrist Seal | <input type="checkbox"/> Replace Neck Seal | <input type="checkbox"/> Replace RIGHT Ankle Seal |
| <input type="checkbox"/> Replace LEFT Ankle Seal | <input type="checkbox"/> Replace RIGHT Latex Sock | <input type="checkbox"/> Replace LEFT Latex Sock |
| <input type="checkbox"/> Replace Latex Hood | <input type="checkbox"/> Install Latex Hood | <input type="checkbox"/> Replace Latex Hood Purge |
| <input type="checkbox"/> Install Latex Hood Purge | <input type="checkbox"/> ReGlue Exhaust Port | <input type="checkbox"/> ReGlue Inflation Port |
| <input type="checkbox"/> Install Suspenders | <input type="checkbox"/> Install Pee Valve (Specify Location) | |
| <input type="checkbox"/> Install Wrist Exhaust Valve (Specify Location) | <input type="checkbox"/> Install Zipper Pocket RIGHT Thigh | |
| <input type="checkbox"/> Install Zipper Pocket LEFT Thigh | <input type="checkbox"/> Install Zipper Pocket w/ Sheath RIGHT | |
| <input type="checkbox"/> Install Zipper Pocket w/ Sheath LEFT | <input type="checkbox"/> Install Bellows Pocket RIGHT Thigh | |
| <input type="checkbox"/> Install Bellows Pocket LEFT Thigh | <input type="checkbox"/> Replace Boots (Specify Size) | <input type="checkbox"/> Other |

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

Give specific locations for pockets, pee valves, wrist valves, etc.

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

Please print this form out and send with suit being repaired. We will contact you with questions and/or when suit is ready to be shipped back. Payment is required prior to shipping suit back.