

DC Battery Hub
Warranty Diagnostic Information Sheet

Date: _____ / _____ / _____
 Month Day Year

WRA# _____

Customer Name: _____

Customer Email: _____

Customer Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Vehicle Information

Year/Make/Model _____

Prior to Removing the Battery Pack from the Vehicle, acquire all Battery Pack or Battery System Diagnostic Trouble Codes (including any Information or Sub-Codes). Please list the codes on the lines below:

DCBH Battery Serial Number: MI _____

Battery State of Charge (SOC): _____%

Current Mileage: _____

Date Battery was installed into vehicle: _____

Repair Center Name: _____

Technician Name (Please Print): _____

Contact phone number: _____

Email completed form to info@dcbatteryhub.com or fax to 616.399.9174