

# Roadranger® Extended Protection Plan Registration Form

[Reset Form](#)

For Protection Plan coverage options and pricing, please visit our website at [www.Roadranger.com](http://www.Roadranger.com) to reference these warranty documents: See TCWY-0900 for Protection Plan requirements, limitations, exclusions, and pricing. See TCWY-0600 for general warranty information, claim processing procedures, and part requirements.

**IMPORTANT:** To ensure this warranty registration can be processed, please provide complete and accurate answers to ALL information requested below. Failure to do so will cause delays in processing. Please refer to the Roadranger® Protection Plan tables for proper coverage.

## Step 1: Enter owner/dealer information and select Bill to choice:

Bill to Owner	Bill to Dealer	Dealer Code: _____
Owner: _____	Dealer: _____	
Canadian Customers Indicate Billing Preference:	Canadian Dealers Indicate Billing Preference:	
Canadian Currency      US Currency	Canadian Currency      US Currency	
Address: _____	Address: _____	
City: _____ State: _____	City: _____ State: _____	
Postal Code: _____	Postal Code: _____	
Phone: _____	Phone: _____	
E-mail: _____	E-mail: _____	

## Step 2: Enter vehicle and component information:

OEM \_\_\_\_\_ Date-In-Service \_\_\_\_\_ Current Odometer \_\_\_\_\_ MI    KM  
Chassis VIN (17 characters): \_\_\_\_\_

Vehicle Vocation (Choose one only):

**Line Haul**  
Line Haul

**Standard Duty**

Construction      Recreation Vehicle  
City Delivery      Transit Coach  
Fire Service      School Bus  
Rescue Vehicle

**Severe Duty**

Off Highway      Oil Field  
Agriculture      Refuse  
Heavy Haul      Yard Tractor  
Logging      InterCity Bus  
Mining

## Step 3: Select desired coverage (check all that apply and provide requested information).

Please refer to the Roadranger® Protection Plan tables for proper coverage.

[Click Here for Tables](#)

**Axle:**      None      Option #1      Option #2 – If selected, please provide:  
Axle Model: \_\_\_\_\_ Axle 1 S/N: \_\_\_\_\_ Axle 2 S/N: \_\_\_\_\_ Axle 3 S/N: \_\_\_\_\_  
If you have a Tandem Axle, complete 1 and 2 above and leave 3 blank. If you have a Tridem Axle, complete 1, 2 and 3 above.

**Transmission:**      None      Option #1      Option #2      Option #3 – If selected, please provide:  
Transmission Model: \_\_\_\_\_ Transmission Serial: \_\_\_\_\_

**Clutch:**      None      Option #1      Option #2      Option #3      Option #4 – If selected, please provide:  
Clutch Type:      HD Solo      Easy Pedal      DM Clutch Module      MD Solo      MD SAS      ECA

## Step 4:

**Mail, fax or e-mail this completed form to:**

Mail to: Eaton Corporation  
c/o 360 Services, Inc.  
12623 Newburgh Road  
Livonia, MI 48150

Fax to: 734-953-8640

E-Mail to:  
[Roadrangerprotection@eaton.com](mailto:Roadrangerprotection@eaton.com)

[Print](#)

[Submit on page 2](#)

**Roadranger®**



**Do not include payment. An invoice will be mailed to you. Please pay on the invoice only.**

TCWY07500407

# Roadranger® Extended Protection Plan Registration Supplement Order Form



Use this form when ordering multiple VIN's of the same Extended Protection Plan OEM, component models, clutch type included on master order form

	17 - digit VIN	Trans S/N	Axle 1 S/N	Axle 2 S/N	Axle 3 S/N
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					
21)					
22)					
23)					
24)					
25)					
26)					
27)					
28)					
29)					
30)					
31)					
32)					
33)					
34)					
35)					
36)					
37)					
38)					
39)					
40)					